INTELL. LIBRARY

SPENBOROUGH URBAN DISTRICT COUNCIL

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

SCHOOL MEDICAL OFFICER

For the Year

1925

John Siddall, Printer, Spenborough Press, Cleckheaton

SPENBOROUGH URBAN DISTRICT COUNCIL

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

SCHOOL MEDICAL OFFICER

For the Year

1925

John Siddall, Printer Spenborough Press, Cleckheaton

Spenborough Urban District Council

HERBERT HAYS, ESQ. - - *Chairman of the Council*

HENRY HIRST, ESQ. - *Vice-Chairman of the Council*

R. ALLOTT, Esq.

J. ARMITAGE, Esq.

H. S. ATKINSON, Esq.

T. E. BARNES, Esq.

J. W. BEAUMONT, Esq.

G. BLACKBURN, Esq.

J. S. BRYAN, Esq.

A. CLAYTON, Esq.

J. H. COLLIER, Esq.

T. ELLIS, Esq.

ABRAHAM FAWCETT, Esq.

ARTHUR FELL, Esq.

J. E. P. FURNESS, Esq.

R. M. GRYLLS, Esq.

W. T. HALEY, Esq.

J. W. HEYWOOD, Esq.

B. HIRST, Esq.

H. HIRST, Esq.

T. HORSFALL, Esq

J. A. LAW. Esq.

SAM METCALFE, Esq.

HERBERT RAMSDEN, Esq.

H. T. SAMPSON, Esq.

E. SAXTON Esq.

ANDREW STOTT. Esq.

A. T. SUGDEN, Esq.

G. S. TAYLOR, Esq.

ARTHUR WOOD, Esq.

C. WOOD, Esq.

W. F. WRIGHT, Esq.

Health Committee

Chairman : Councillor J. A. LAW

Deputy Chairman : Councillor R. ALLOTT

Councillor T. E. BARNES

Councillor J. W. BEAUMONT

Councillor ABRAHAM FAWCETT

Councillor A. CLAYTON

Councillor H. HAYS

Councillor B. HIRST

Councillor T. HORSFALL

Councillor S. METCALFE

Councillor H. RAMSDEN

Councillor H. T. SAMPSON

Councillor A. STOTT

Maternity and Child Welfare Committee

Chairman : Councillor T. E. BARNES

Councillor R. ALLOTT

Councillor J. W. BEAUMONT

Councillor A. CLAYTON

Councillor A. FAWCETT

Councillor H. HAYS

Councillor B. HIRST

Councillor T. HORSFALL

Councillor S. METCALFE

Councillor H. RAMSDEN

Councillor H. T. SAMPSON

Councillor A. STOTT

Mrs. H. S. ATKINSON

Mrs. R. M. GRYLLS

Mrs. SWALES

Mrs. CLAYBORN

Representatives on Hospital Boards

LIVERSEDGE and MIRFIELD

Councillors ALLOTT, SAMPSON, SAXTON, TAYLOR and A. WOOD

NORTH BIERLEY

Councillors B. HIRST, FELL and HERBERT HAYS (*ex-officio*)

OAKWELL

Councillors HEYWOOD and SUGDEN

◆

Staff of Health Department

LAWRENCE PICK, D.P.H. ...	Medical Officer of Health Medical Officer to Child Welfare Centre Medical Superintendent to Liversedge and Mirfield Joint Hospital Board
** ELENORA J. HOWIE M.B. ChB	Medical Officer to Ante-Natal Centre
JOHN WOOD, C.R.S.I.	Chief Sanitary Inspector
* F. W. MARSDEN, C.R.S.I. ...	Assistant Sanitary Inspector
*‡ E. BOOTH, C.R.S.I.	Assistant Sanitary Inspector
** Miss E. M. FIRTH, C.M.B. ...	Health Visitor
** Miss P. HOLMES, C.M.B. ...	Health Visitor
** Miss E. M. McLEOD C.M.B. ...	Health Visitor
** Miss F. WILLIAMS. C.M.B. ...	Health Visitor
Miss M. FURNESS	Clerk

* Hold Meat Inspection Certificate of Royal Sanitary Institute

‡ Appointed temporarily in May. Appointment confirmed in December

** Part Time

SPENBOROUGH URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1925

To the Chairman and Members
of the Health Committee

Gentlemen

I HAVE, herewith, the honour to present to you my Sixth Annual Report of the sanitary conditions of the Urban District of Spenborough in 1925.

This report will be a survey report and will refer not only to conditions occurring during the year under review, but also to the sanitary conditions of the district during the previous five years.

I desire to express my thanks to Mr. J. Wood, Chief Sanitary Inspector, for his assistance in preparing certain portions of this report.

I am, Gentlemen

Your obedient servant

LAWRENCE PICK

GENERAL CONSIDERATIONS.

The Urban District of Spenborough came into being in April, 1915, by the amalgamation of the three contiguous urban districts of Cleckheaton, Liversedge and Gomersal.

Each district had appointed its own part-time Medical Officer, and owing to conditions consequent upon the war this arrangement was continued until April, 1920, when I took up my duties as Medical Officer for the whole district.

The district of Spenborough is of a very undulating character, ranging in level from 160 to 575 feet above sea level.

It is all within the watershed of the River Calder, but in itself is mainly drained by the River Spen, which joins the former river at Ravensthorpe, some two miles south of the district boundary.

The River Spen passes through Spenborough from north to south, and provides the boundary between the district and the City of Bradford, Hunsworth, Heckmondwike, and the County Borough of Dewsbury.

Nearly the whole of the district of Spenborough lies within the watershed of the Spen, with the exception of portions of Scholes and Gomersal, whose natural drainage lies towards Brighouse and Birstall respectively.

The district of Gomersal and the western portion of Liversedge, towards Roberttown and Hightown, as well as the westerly portion of Cleckheaton, possesses attractive features for residential purposes, and at present these districts consist largely of residential property.

The geological formation of the district consists mainly of a shallow layer of soil over deep beds of clay and shale, which is water bearing, and in many cases a loose bed of soft sandstone is found near the surface, which is commonly called "rag."

Throughout the area beds of coal exist, and in Cleckheaton beds have been worked that have been so near the surface that subsidence has taken place, not only of roads, but of buildings as well.

The water supply is from the Bradford Corporation, who, in Liversedge, distribute the water in detail, while in the remaining parts of the district it is distributed by the Council.

During the past six years several wells, the existence of which was not previously known, have been discovered.

Samples of water have been taken for analysis, and, except in one case, these were satisfactory.

The district water supply is of good quality, soft, and well suited to domestic and trade use, but from its peaty character soon tends to cause incrustation of pipes, thus impairing their delivering capacity.

The district is well sewered and gravitates to seven sewage works, a rather unfortunate state of affairs, largely due to the separate entities in the past.

The chief works is situated at The Bottoms, where about one and a quarter million gallons of sewage are treated daily in dry weather.

Throughout the area much inconvenience is caused to property along the route of the River Spen and the Ashton Clough Beck by their overflowing in times of heavy rainfall. The causes of this are silting up, the interposition of weirs, and the general inattention to the streams by riparian owners.

The trade of the district is an exceedingly mixed one, comprising such a variety of industries that previously it used to be said that trade was never bad throughout the district. This can hardly be said to be true of the period now under review, though probably unemployment was never as universal as has been the case in districts dependent on one industry alone.

POPULATION.

According to the Census of 1921 there were then 31,117 persons living in the district, of which 5,904 were under twelve years of age. Owing to the time at which the Census was taken, June instead of March, owing to the coal strike, it was found necessary to revise this figure, and an estimated population is given by the Registrar General each year, from which all rates are calculated. The estimated population for the middle of 1925 is given as 31,020, and this figure will be used to calculate all rates given in this report.

Of the total population 15,820 persons were occupied, of which just one-third were women. The two chief occupations were metal workers, 3,330, of whom all but 185 were men, and textile workers, 3,849, of which about three-fifths were women. Other occupations in which more than 500 persons were employed were mining and quarrying, 731; makers of textile goods and dress, 576; transport and communication, 659; commerce, 898; personal service, 726, and clerical work, 525.

It is worth noting that while in 36 districts of the West Riding over ten per cent. of the males are employed both in metals and textiles, only Halifax, Keighley, and Spenborough have more metal than textile workers.

An extract from the Census Report of 1921 referring to Spenborough with regard to population, density of population, lowering accommodation, age distribution, marital conditions, and occupations was printed in my Annual Report of 1923.

DETAILS OF THE DISTRICT.

The Area of the Urban District of Spenborough is 5.170 acres, that of the various parts of the area being:

Cleckheaton	1,755 acres.
Liversedge	2,316 acres.
Gomersal	1,099 acres.

The Population at the time of the Census in 1921 was 31,117, that of the various parts of the Area being:

Cleckheaton	11,707.
Liversedge	15,816.
Gomersal	3,594.

The Registrar-General's Estimated Population for the Middle of 1925 was 31,020.

In 1921 the number of separate inhabited dwellings was 7,942, containing in all 26,435 rooms, and the number of private families was 7,962.

The density of population for the whole area was 6.2 persons per acre, varying from 27.1 persons per acre in Millbridge Ward to 1.5 in Oakenshaw Ward. The number of persons occupying each room was 1.17 for the whole district and varied from 1.03 in Cleckheaton West Ward to 1.2 in Spen and Littletown.

The Assessable Value of the District to Poor Rate in 1925-26 was £167,504 3s. 9d., and to District Rate £160,630 8s. 9d.; the Rateable Value to Poor Rate being for the same period £171,217 5s. 0d.

Causes of sickness and invalidity will be discussed later in the report when dealing with causes of death and incidence of notifiable diseases.

It does not appear that occupation causes any great amount of sickness or invalidity in Spenborough, seeing that it is an industrial area. Working conditions seem on the whole to be good. In order to obtain reliable data to estimate this matter with any degree of accuracy it would be necessary to examine the sickness certificates given under the National Insurance Act, and compare them with other and similar districts.

It does appear, however, that climatological conditions have some adverse effect in the general health of the population. The climate of Spenborough is rather cold and humid, and there is a lack of sunshine. In addition, the geographical situation, right in the centre of a ring of industrial towns, ensures an almost incessant pall of smoke over the town, and this inevitably filters off the valuable ultra violet rays.

Thus in 1922 the mean hours of bright sunshine in England and Wales was 1,477 hours, while in Spenborough there were only 807 hours of bright sunshine, and though the deficiency in this particular year appears to be greater than the average, each month in which a comparison has been made shows that Spenborough is a comparatively sunless district. On reference to the tables of comparative death rates, it will be seen that deaths from pulmonary complaints are in excess in this district.

POOR-LAW RELIEF.

The following information has been kindly supplied to me by the Clerks to the North Bierley and Dewsbury Unions, Cleckheaton being in the North Bierley Union and the rest of the district in the Dewsbury Union.

	Cleckheaton.	Liversedge.	Gomersal.	Spenboro'.
No. of persons in receipt of out-relief:—	378	254	92	724
Amount expended in out-relief:—	£2,436	£2,011	£564	£5,011
Persons admitted into the Institution:—	35	32	10	77

VITAL STATISTICS.

BIRTHS.

During 1925 426 births were registered in the district, of which 226 were males and 200 females.

The net births for the district were 498, namely, 268 males and 230 females, an increase of 34 compared with 1924, but a decrease of 9.3 per cent. on the average for the past five years.

The birth rate was 16.05 per 1,000 living, or 1.45 per 1,000 more than in 1924.

There were 16 illegitimate births, two less than in the previous year, giving a rate of 32 per thousand births. Of these, eight were boys and eight girls.

Table I. shows the wards in which children whose births were registered in the district were born.

TABLE I.

Roberttown and Norristhorpe ...	62
Cleckheaton East	46
Cleckheaton West	52
Gomersal	57
Hightown	60
Millbridge	66
Oakenshaw	12
Scholes	28
Spen and Littletown	43

It will be seen that the total births have increased in 1925 for the first time for five years. In Gomersal, Hightown, Millbridge and Oakenshaw the births increased in number, chiefly in the first two of these wards where the increase on the previous year was nearly twenty-two per cent.

In 1920, there was a sudden increase in the birth rate in Spenborough which was maintained the following year, but since then the decline has been rapid and continuous until 1925. The following are the net births in the district for the years 1920 to 1925, together with the respective rates pere 1000 of estimated population.

1920—628 births giving a rate of 20.1 per 1000 living.
1921—636 ,, ,, ,, 20.1 ,, ,,
1922—516 ,, ,, ,, 16.3 ,, ,,
1923—502 ,, ,, ,, 15.9 ,, ,,
1924—464 ,, ,, ,, 14.6 ,, ,,
1925—498 ,, ,, ,, 16.05 ,, ,,

Thus the annual number of births during the past three years has been 144 less than in 1920 and 1921, a deficiency of 22.8 per cent. The decrease has been general throughout the district except in Oakenshaw, and comparing the births registered in 1925 with those registered in 1921 the decrease is most marked in East Ward, 54 per cent. and Millbridge and Spen and Littletowu, 40 per cent. It is least marked in Hightown where the decrease only amounts to 15 per cent.

During the six years under review there has been a considerable preponderance of boys born, 113 males having been born to each 100 females. This is a considerable higher proportion than for the whole country, the proportion in 1924 being 105 boys to each 100 girls in England and Wales.

DEATHS.

The number of deaths registered in the district during the year was 331. From these must be deducted 10 deaths of persons resident outside the district and dying in institutions within the district, and to them must be added 76 deaths of residents in the district who died in institutions outside its borders.

This gives the number of net deaths as 397; equal to a rate of 12.8 per 1,000 living, as compared with 13.93 in 1924, and an average of 13.1 for the five years 1920 to 1924.

Ten deaths occurred from influenza. This was a very large decrease compared with 1924 when there were 36 deaths from this cause.

Sixty-eight deaths occurred from disease of the heart and blood vessels, and 69 from disease of the respiratory systems (excluding tuberculosis), equal to rates of 2.2 per 1,000 living for each; while 44 persons died of apoplexy or degeneration of the brain, equal to 1.4 per 1,000.

The mortality rate from malignant disease (cancer) was 1.3 per 1,000, there having been 42 deaths from this disease—two more than in 1924.

58 per cent. of the total deaths occurred from the above diseases, a considerably smaller proportion than in 1924, and due entirely to the reduction in deaths from Influenza and Respiratory Diseases, the deaths from these causes bing 79 as compared with 141 in 1924.

This was probably due to the mild winter of 1924-5 and the warmer summer.

DEATHS FROM ZYMOTIC DISEASES.

Twelve deaths occurred during the year from the seven chief Zymotic Diseases, namely:—

Measles	4
Scarlet Fever	1
Whooping Cough	2
Diphtheria	1
Diarrhœa	4

The death rate from these diseases was .4 per 1,000 living. These returns show a considerable increase on the previous year when only three such deaths occurred.

From 1920 to 1925 the deaths from Zymotic Diseases have been as follows:—

	1920.	1921.	1922.	1923.	1924.	1925.
Enteric Fever	1	1	1	1	1	—
Measles	3	—	7	4	—	4
Scarlet Fever	3	1	—	1	—	1
Whooping Cough	3	—	3	1	2	2
Diphtheria	4	3	2	—	—	1
Diarrhœa	1	11	—	—	—	4

It will be noted that there had been no deaths from Diarrhœa for four years, the last being in the very hot summer of 1921. I attribute this largely to the increased use of dried milk for babies who are not breast fed.

Deaths from Diphtheria have fortunately been rare, the one last year being the first for two years. Scarlet Fever has been of a mild type mostly and less accounted for only six deaths in six years, three being in 1920.

Measles with eighteen deaths and Whooping Cough with eleven still remain the most usually fatal among the Zymotic Diseases, this being largely due to the fact that they are looked upon as inevitable minor ailments,

INQUESTS.

During 1925 18 deaths were the subject of Coroners' inquests. Of these, 12 were males and 6 females, representing 4.5 per cent. of the net deaths in the district.

The ages at which these persons died were:—

Under 1 year	1 death
1 to 5 years	1 death
5 to 15 years	1 death
15 to 25 years	2 deaths
25 to 45 years	2 deaths
45 to 65 years	6 deaths
Over 65 years	5 deaths

The causes of death of the cases on which inquests were held were as follows:—

Accident:—		
Cycling	1	
Scalds	1	
Coal Gas Poisoning	1	
	—	3
Suicide:—		
Hanging	1	
Drowning	1	
Coal Gas Poisoning	3	
	—	5
Other Causes:—		
Ruptured Aneurysm	3	
Diabetes	1	
Atelectasis	1	
Acute Diarrhœa	1	
Cerebral Hæmorrhage	1	
Senile Decay	1	
Degeneration of Heart Muscle ...	1	
Ruptured Duodenal Ulcer	1	
	—	**10**

Table II

Causes of and Ages at Death during the year 1925

Causes of Death	Net deaths at the subjoined ages of Residents whether occurring within or without the district											Registrar General's Returns	
	All Ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	Over 65 years	Males	Females	Deaths in Institutions	Males	Females
Measles	4		4						2	2		2	2
Scarlet Fever	1			1					1		1	1	
Whooping Cough	2	2							1	1		1	1
Diphtheria..	1		1						1		1	1	
Influenza	10			1	1	1	4	3	6	4	2	6	4
Encephalitis Lethargica	3				1	2			2	1	1	2	1
Respiratory Tuberculosis	14			1	4	5	4		9	5	4	9	5
Other Tubercular Disease	7		3		3	1			2	5	2	2	5
Cancer	41					6	20	15	16	25	4	17	25
Rheumatic Fever	3			2			1			3	1		3
Diabetes	6				1	2	2	1	3	3		3	3
Cerebral Hemorrhage	41						15	26	19	22	4	19	22
Heart Disease	55					4	23	28	23	32	8	23	32
Arterio Sclerosis	12						5	7	8	4	2	9	4
Bronchitis..	40	4				2	6	28	24	16	3	22	14
Pneumonia	28	5	7			4	5	7	17	11	3	17	11
Other Respiratory Diseases	5		1				2	2	3	2		3	2
Gastric and Duodenal Ulcer	6					1	5		5	1	4	5	1
Diarrhœa, (under 2)	4	4							2	2		2	2
Appendicitis	3				1	2			3		3	3	
Cirrhosis of Liver	1						1		1			1	
Acute and Chronic Nephritis..	13				1		7	5	9	4	1	9	4
Puerperal Sepsis	3					2	1			3	2		3
Other puerperal Causes	1					1				1	1		1
Prematurity, Cong. Malformation	13	13							8	5	2	9	4
Suicide	5				1	1	3		4	1		4	1
Other Deaths from Violence	8		1	1		1	2	3	5	3	4	5	3
Other Defined Diseases	64	9	1	1	3	7	16	27	24	40	12	23	46
TOTALS	394	37	18	7	16	42	122	152	198	196	64	198	199

Table III --Comparison of Deaths from Various Causes in the years 1920 to 1925.

	1920	1921	1922	1923	1924	1925	Males	Females	Total
Enteric Fever	1	1	1	1	1		2	3	5
Measles	3		7	5		4	9	10	19
Scarlet Fever	1	1		1		1	3	1	4
Whooping Cough	3		3	1	2	2	6	5	11
Diphtheria	4	3	2			1	9	1	10
Influenza	19	5	5	8	36	10	41	42	83
Encephalitis Lethargica		1		1	1	3	3	3	6
Respiratory Tuberculosis	25	29	15	22	21	14	69	57	126
Other forms of Tuberculosis	7	7	12	11	6	7	27	23	50
Cancer	37	43	40	44	40	41	98	147	245
Rheumatic Fever				2	1	3	1	5	6
Diabetes	4	2	4	5	5	6	9	17	26
Cerebral Hemorrhage	35	28	43	35	39	41	98	123	221
Heart Disease	37	42	44	52	53	55	138	145	283
Arterio Sclerosis	10	15	12	7	14	12	42	28	70
Bronchitis	24	30	38	46	53	40	122	109	231
Pneumonia	39	31	35	29	46	28	120	88	208
Other Respiratory Diseases	7	5	5	13	6	5	24	17	41
Gastric and Duodenal Ulcer		1	2	3	1	6	9	4	13
Diarrhœa (under 2)	1	11	1	1		4	11	7	18
Appendicitis	2	4	5	4	1	3	13	6	19
Cirrhosis of Liver	2	2	6	2	4	1	14	3	17
Nephritis	16	9	13	14	7	13	39	33	72
Puerperal Sepsis	5	1	5	2	6	3		22	22
Other Puerperal Causes		4	1	3	4	1		13	13
Prematurity Cong. Malformation	19	23	17	21	17	13	68	42	110
Suicide	2	6	1	3	3	5	13	7	20
Other Deaths by Violence	9	5	9	13	5	8	32	17	49
Other Causes	70	105	75	73	65	64	211	241	452
TOTAL	382	414	401	422	437	394	1231	1219	2450

Table II. shows the causes of and ages at death during 1925.

It will be seen that Heart Disease was by far the commonest cause of death, nearly one in seven being due to this cause. Cancer, Cerebral Hæmorrhage (apoplexy), and Bronchitis come next in order of frequency, about one death in ten being due to each of these diseases. The fifth most frequent cause of death was Pneumonia with about one death in fourteen. This latter disease, together with Influenza and Tuberculosis of the Respiratory System, showed a welcome reduction on the previous year, there being only about a quarter of the deaths from Influenza and two-thirds of those from Consumption.

Tables III. to VI. are introduced for the sake of comparison with former years, with other districts and with the country as a whole.

Table III. indicates the deaths from various causes in Spenborough during the years 1920 to 1926, and also the comparison of the mortality among the two sexes. Influenza deaths have varied considerably, only 10 deaths occurring in two whole years, while two years later there were thirty-six. The sexes were affected equally.

Deaths from Respiratory Tuberculosis have also varied, but not to the same extent. Rather more men than women died of this complaint.

Deaths from Cancer remain fairly steady, since 1920 the difference between the most and fewest in any one year being only four. Nearly fifty per cent. more women died of this disease than men.

Deaths from Cerebral Hæmorrhage remain at about the same figure each year, and about twenty-five per cent. more women than men die of this.

Heart Disease shows a steady increase in mortality from year to year, the increase in 1925 compared with 1920 being nearly 50 per cent. The sexes were affected nearly equally.

Diseases of the Respiratory System are a very frequent cause of death in this district, there usually being round about eighty deaths from these causes. 1924 had most deaths from Respiratory Diseases and 1921 fewest. Rather more men than women die of this class of disease.

Table IV. is a comparison of the Birth Rate and crude Death Rate in Spenborough with those in England and Wales as a whole, and also in certain groups of districts. The figures have been taken from the Registrar-General's Statistical Review for 1924, and the figure for Spenborough are also for 1924 and for the period 1920 to 1925.

It will be seen that in 1924 the Birth Rate was considerably lower and the Death Rate somewhat higher in Spenborough than in the country as a whole, or in any of the groups of areas considered. For the whole period 1920-25 the Birth-Rate was again lower than in any of the groups of areas, the greatest difference being between this district and the Northern Counties, namely, 2.7 per 1,000. On the other hand the Death-Rate was slightly less in Spenborough in the whole period than in the Northern Counties in 1924, but higher than in the Northern Urban Districts.

Table V. is a comparison of the Death Rates per 100,000 living in Spenborough with those in the same groups of areas in 1924.

The proportion of deaths from Enteric Fever is unpleasant reading, these deaths being round about double those elsewhere. The actual number of deaths is of course small, six in six years, but the proportion is unduly high compared with the rest of the country. I cannot help thinking this is in all probability due to the presence in the district of such a large number of privy middens. This matter will be referred to later in the report.

Table IV.—Birth and Death Rates for Spenborough as compared with certain areas in 1924

	England and Wales	London	County Boroughs	Other Urban Districts	Rural Districts	Northern Counties	Northern Urban Districts	SPENBOROUGH	
								1924	Period 1920 to 1925
Birth Rate	18.8	18.6	19.6	18.4	18.5	19.9	19.3	14.6	17.2
Crude Death Rate	12.2	12.2	12.9	11.8	11.9	13.2	12.8	13.93	13.0

Table V.—Comparison of the Deaths from certain Diseases per 100,000 living in Spenborough compared with certain areas in 1924

	England and Wales	London	County Boroughs	Other Urban Districts	Rural Districts	Northern Counties	Northern Urban Districts	SPENBOROUGH	
								1924	Period 1920 to 1925
Enteric Fever	1.28	1.16	1.09	1.44	1.37	1.56	1.78	3.19	2.65
Scarlet Fever	2.29	2.83	2.1	1.99	1.26	3.	2.65	Nil	2.12
Diphtheria	6.45	12.32	6.78	5.71	3.86	5.2	5.36	Nil	5.3
Influenza	49.	36.63	48 94	49.43	55.88	56.72	59.94	114.79	44.03
Bronchitis	97.51	97.71	113.72	92.07	81.1	113.18	105.55	169.	122.5
Pneumonia	100.58	115.44	125.84	90.1	68.72	129.19	118.73	146.68	110.3
Respiratory Tuberculosis ...	84.37	97.82	98.84	75.33	67.91	87.67	74.42	66.8	104.
Heart Disease	156.53	168.66	150.48	151.07	170.52	152.04	154.94	169.	150.1
Cancer	130 05	141.36	129.28	127.33	130.7	123.42	120.61	127.55	129.9
Puerperal Fever ...	2.63	2.31	3.06	2.51	2 34	3.11	2.97	19.13	11.6
Other Accidents of Child Birth .	4.72	3.42	4 9	4.73	5.22	5.66	5.74	12.75	6.9
Maternal Deaths per 1000 Births	3.9	3.09	4.06	3.92	4.05	4.4	4.5	21.55	10.8

Table VI—Birth-rate, Death-rate and Analysis of Mortality during the year 1925

Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns

—	Birth rate per 1,000 Total Population	Annual DEATH-RATE per 1,000 Population									Rate per 1,000 Births.		Percentage of Total Deaths		
		All Causes	Enteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrh'a and Enteritis (under 2 years)	Total Deaths under 1 year	Causes of Death certified by Medical Practitioners	Inquest Cases	Uncertified Causes of Death
England and Wales ...	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0
105 County Boroughs and Great Towns, including London	18.8	12.2	0.01	0.09	0.17	0 03	0 18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6
157 Smaller Towns (1921 Adjusted Populations 20,000—50,000)	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1
London	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91·1	8.9	0.0
Spenborough	16.5	12.8	0.00	0.00	0.15	0.03	0.06	0.03	0.32	0.42	0.13	74.3	95.5	4.5	0.0

The death rate from Scarlet Fever is satisfactory compared with the rest of the country, though as will be seen later the incidence is rather higher.

The deaths from Diphtheria during the period under review have been comparatively few, especially since 1921. The rate compares favourably with all the areas under review except the Rural Districts, and very favourably indeed with London.

With regard to diseases of the Respiratory System, including Influenza, Spenborough's record for the last six years is indeed a sorry one. In 1924 the death rate from Influenza was twice that of any of the other groups of districts, though for the whole six years it was slightly less. Deaths from Bronchitis, Pneumonia, and Respiratory Tuberculosis show a large excess over the rest of the country, except that there were rather fewer deaths from Pneumonia than in London and the County Boroughs. This, I think, must be put down to two groups of causes, climatic and industrial. The climate of Spenborough is cold, damp, and sunless, the latter condition being largely due to the amount of smoke in the atmosphere, which is not entirely due to industrial conditions. Besides screening the sun and filtering off the ultra violet rays, smoke acts as an irritant to the air passages then laying the inhabitants open to Bronchitis, Consumption, and other Pulmonary Diseases.

Heart Diseases and Cancer, both of which causes a large number of deaths were responsible for about the same proportion as in other parts of the country.

By far the worst record held by Spenborough in making these comparison is in the matter of deaths as the result of child birth, and particularly from Puerperal Sepsis. From 1920 to 1925 11.6 per 100,000 of the population died of Puerperal Septicæmia and 6.9 from other accidents and diseases of child bearing. The figures for England and Wales in 1924 were 2.63 and 4.72 respectively. The last line of Table V. is bad reading, and it can only be hoped that the establishment of the Ante-Natal Clinics and other steps that have been taken which will be referred to under Maternity and Child Welfare will have the effect of materially reducing these truly appalling figures.

Table VI. is supplied by the Registrar-General and gives particulars of deaths from certain diseases.

INFANTILE MORTALITY.

This rate again shows a gratifying improvement. Thirty-seven babies died before reaching the age of one year, of which 22 were boys and 15 girls. The Infantile Mortality rate was 74.3 per 1,000 births, compared with 86.2 in 1924 and 95.6 in 1923. It is worthy of note that this figure is below the rate for the whole country for the year, this being 75 per 1,000 births.

Deaths from diseases of the Respiratory System numbered 13, a reduction of two compared with the previous year, while those from Prematurity, Inanition, and Maramus were 14 as against 15 in 1926.

There were four deaths from diseases of the Digestive System as compared with two in the previous year, but curiously three of these did not occur during the summer. There were five deaths from Congenital Malformation.

One illegitimate child died, a female, there were 16 illegitimate births, and the Illegitimate Infantile Mortality rate was 62.5.

Tables VII. and VIII. give the causes of death and periods at which death occurred of infants under one year:—

Table VII.—Infantile Mortality. Causes of Death—Ages

	Under 1 day	2 to 7 days	8 to 14 days	15 to 21 days	22 to 28 days	Under 1 month	1 to 3 months	4 to 6 months	7 to 9 months	10 to 12 months	Under 1 year
Prematurity	3	1		1		5	3				8
Marasmus		1	2			3	2	1			6
Atelectasis	3					3					3
Stricture of Pharynx ...									1		1
Cong. Stenosis of Bile Duct							1				1
Gastro Enteritis ...				1		1	1	2			4
Whooping Cough ...										2	2
Bronchitis					1	1		1	1	1	4
Pneumonia							1	1	2	1	5
Acute Ostro-myelitis ...							1				1
Septicaemia				1		1					1
Convulsions	1					1					1
Totals ...	7	2	2	3	1	15	9	5	4	4	37

Table VIII.—Infantile Mortality.
Causes of Death in each Quarter

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Prematurity	3	2	1	2
Marasmus	1	1	2	2
Atelectasis	3			
Stricture of Pharynx				1
Cong. Stenosis of Bile Duct ...	1			
Gastro Enteritis	1		1	2
Whooping Cough	2			
Bronchitis	1	2		1
Pneumonia	1	1	1	2
Acute Ostro-myelitis				1
Septicaemia			1	
Convulsions		1		
Totals	13	7	6	11

Rate per 1,000 births, 74.3.

Net Births, Legitimate ……	482		
Illegitimate …	16		
Net deaths, Legitimate ……	36	Rate 74.7.
Illegitimate …	1	Rate 62.5.

Table IX. is a comparison of the causes of Infant Deaths in each of the years 1920 to 1925, the deaths under one month being shown separately. It will be seen that this rate fluctuates considerably, being 99.6 in 1923, and 99 in 1921, and dropping to 74.3 in 1925. The Neo-natal mortality rate on the other hand appears to be declining, the reduction being very marked during the last two years.

The Infantile Mortality rate has been on the whole much higher than that for the whole country, but in 1925 it was just below it.

Individual causes of death have varied considerably from year to year. Thus twelve deaths occurred owing to prematurity in 1921, and fourteen in 1923, while in the following year they dropped to five.

Deaths from Enteritis have been comparatively rare, only eighteen having occurred during the six years, and half of these took place during the abnormally hot year 1921. There were four such deaths in 1925, but curiously three of them took place in the first and last quarters, and only one during the warmer weather.

Diseases of the Respiratory System was the second most frequent cause of Infant deaths, only Prematurity being more common, over one-third of the total deaths being from these two causes. Fifteen deaths occurred from Respiratory Disease in 1923 and thirteen in 1924.

Table X. gives a comparison of the Infantile Mortality in Spenborough in 1924, and also in the period 1920 to 1925, with that in certain parts of the country in 1924.

From this it will be seen that the Neo-natal Mortality in Spenborough is generally higher than in all areas considered, but that in 1924 the total Infantile Mortality was less here than in the County Boroughs.

The death rate from Tuberculosis in 1924 was higher in Spenborough than in the country at large, but during the six years under review it was lower.

In developmental and wasting diseases the reverse was the case. During the whole period the death rate was higher than in the country generally, but in 1924 it was lower.

Deaths from Diarrhœa and Enteritis were fewer in Spenborough than elsewhere except in the group of Rural Districts. In 1924 there were no deaths at all from these complaints.

Table XI. is a summary of the Vital Statistics for each quarter in the year. It will been seen that most births and most deaths occurred in the first quarter, and that in this quarter the deaths actually exceeded the births. Fewest births occurred in the fourth quarter and fewest deaths in the third.

Table IX.—Comparison of Infantile Mortality in the years 1920 to 1926.

	1920		1921		1922		1923		1924		1925		1920-1925	
	Under 1 month	Total	Under 1 month	Total	Under 1 month	Total	Under 1 month	Total	Under 1 month	Total	Under 1 month	Total	Under 1 month	Total
Prematurity	6	6	9	12	9	9	14	14	5	5	5	8	48	54
Marasmus, etc.	8	9	2	4	7	9	4	5	5	5	3	6	29	38
Congenital Defects	—	—	9	10	2	2	3	5	3	3	—	5	17	25
Respiratory Diseases	3	3	3	7	1	3	1	15	1	13	1	9	10	50
Zymotic Diseases	2	3	—	1	—	3	—	1	—	1	—	2	2	11
Enteritis	1	1	2	9	2	2	—	2	—	—	1	4	6	18
Other Diseases	13	30	9	20	6	17	4	8	4	13	6	3	42	91
Total Deaths	33	52	34	63	27	45	26	50	18	40	16	37	154	287
Total Births	628		636		516		502		464		498		3244	
Neo-Natal Mortality	52.5		53.5		52.3		51.8		38.8		32.1		47.5	
Infantile Mortality		82.8		99		87.2		99.6		86.2		74.3		88.5
Infantile Mortality for England and Wales		80		83		77		69		75		75		76.5

Table X.—Infantile Mortality Rates in Spenborough compared with those in certain Areas in 1924.

	England and Wales	London	County Boroughs	Other Urban Districts	Rural Districts	SPENBOROUGH	
						1924	Period 1920 to 1925
Under 1 month ...	33.07	27.19	35.61	32.95	32.28	38.79	47.5
Total under 1 year ...	75.09	69.34	87.9	71.2	62.72	86.21	88.5
From Tuberculosis ...	1.36	1.2	1.67	1.28	1.04	2.15	1.25
From Developmental and Wasting Diseases	31.01	25.52	33.71	30.54	30.31	28.01	39.1
From Diarrhœa, etc...	6.32	7.89	8.28	5.27	3.76	Nil	5.5

Table XI.—Quarterly Summary of Vital Statistics.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Births registered in District ...	122	110	105	96
Males	66	55	59	51
Females	56	55	46	45
Rate per 1000 living per annum ...	15.7	14.2	13.5	12.4
Illegitimate Births	4	4	4	3
Rate per 1000 births	32.8	36.3	30.1	31.2
Deaths registered in District ...	113	76	68	73
Males	53	40	39	39
Females	60	36	29	34
Corrected Deaths	125	94	85	91
Corrected Death Rate	16.1	12.1	10.9	11.7
Deaths under 1 year	13	7	6	11
Rate per 1000 population	1.67	.9	.77	1.41
Rate per 1000 births	106.5	63.6	57.1	114.5
Ages at Death :—				
1 to 5 years	3	5	5	7
5 to 15 years	2	1	4	6
15 to 25 years	5	2	3	0
25 to 45 years	12	15	11	4
45 to 65 years	38	31	29	24
Over 65 years	51	34	28	39
Deaths from Zymotic Diseases ...	4	4	2	2
Rate per 1000 of population ...	.5	.5	.25	.25

HOSPITAL ACCOMMODATION.

TUBERCULOSIS.—No Tuberculosis Hospitals or Sanatorias are maintained by the Local Authority, the administration and treatment of this disease being in the hands of the County Council.

MATERNITY.—There are no Maternity Hospitals either provided by the Local Authority or Privately in the district. There are, however, three such hospitals available for Spenborough women on payment. These are (1) St. Luke's Hospital, Bradford, with which an arrangement has been made with the District Council for the reception of urgent and abnormal cases. (See report on Maternity and Child Welfare, page 58). (2) The Heckmondwike Maternity Home, managed by a Private Committee, and (3) The Batley Maternity Home which is administered by the Batley Corporation. Of these the Heckmondwike home is by far the most used by the mothers of this area.

A Maternity Home, is, in my opinion, greatly needed in Spenborough. The houses are for the most part small and quite unsuitable for the decent privacy of women during their confinements. A larger number of women than formerly recognise the increased comfort of a well-equipped Maternity Home, and I think that were one opened in Spenborough it would speedily become self-supporting.

CHILDREN.—There are no children's Hospital in the area, but the Children's Hospital at Bradford is available.

FEVER.—The accommodation for Fever cases in Spenborough, while quite adequate is somewhat unusual and is the result of arrangements made before Spenborough was formed by the amalgamation of Cleckheaton, Liversedge, and Gomersal. Cases from each district go to the different hospitals. Those from Cleckheaton, including Scholes and Oakenshaw, go to North Bierley Hospital, which is situated in Spenborough. This hospital also takes cases from Tong, Dudley Hill, Low Moor, Odsall, Wyke, and Birkenshaw. It has 52 beds. Cases from Liversedge are sent to Crossley Hospital, situate just outside the Spenborough Boundary in Mirfield. The hospital is administered by a joint board composed of members of the Spenborough and Mirfield Councils. Cases from Mirfield are also admitted, and there are forty beds. The Gomersal cases are sent to Oakwell Hospital in the Urban District of Birstall. There are 98 beds, and patients are also received from Birstall, Birkenshaw, Drighlington, Gildersome, and Batley.

While, as stated above, this arrangement is quite adequate for dealing with the cases of infectious diseases, I cannot help thinking it would be better if all cases from the district were sent to the same hospitals, and I look forward to the time when such an arrangement will be possible.

SMALL POX.—Up till the end of 1925 the arrangements for dealing with Small Pox were similar to those for ordinary infectious disease with the exception that Cleckheaton cases went to a small twelve bed hospital maintained by the District Council and situated in the Whitehall Road. This hospital has not been used for over twenty years. Gomersal cases were sent to Oakwell where there is a Small Pox block of 12 beds, and Liversedge cases to Crossley where there is a Small Pox block of 30 beds. Towards the end of 1925 arrangements were made by the Council with the Crossley Board by which all Spenborough Small Pox cases will be sent to Crossley, no matter what part of the district they come from. Arrangements were in existence with Hunsworth Urban Districts whereby cases of Small Pox in that area should be sent to Whitehall Road Hospital. Hunsworth cases will now be received at Crossley.

GENERAL HOSPITALS.—There are no general hospitals in the district. Patients from the northern end of the district for the most part go to Bradford Royal Infirmary and from the southern end to Dewsbury Infirmary or Batley Hospital. The Royal Infirmary at Leeds is also available for the inhabitants of Spenborough.

POOR LAW.—Persons from the Cleckheaton area requiring admission to a poor law hospital go to the North Bierley Union Hospital at Clayton, and from other parts of the district to the Dewsbury Union Hospital at Staincliffe.

There is no special institutional provision for unmarried mothers, illegitimate children or homeless children in the area.

AMBULANCE FACILITIES.

FEVER CASES.—An ambulance is kept at each of the hospitals taking cases from the district, and each hospital is responsible for fetching its own patients.

NON-INFECTIOUS AND ACCIDENT CASES.—The District Council maintains an ambulance which is kept at the Fire Station, and is available on request. A charge of 1/3 per mile is made for its use.

CLINICS AND TREATMENT CENTRES.

MATERNITY AND CHILD WELFARE CENTRES—There are two administered by the Council. One is in Valley Road, Liversedge, open each Tuesday afternoon, and the other at Scholes, which is open one afternoon a month.

An ante-natal Clinic is held once a fortnight at Valley Road.

For full particulars, see Report on Maternity and Child Welfare.

DAY NURSERIES.—There are none in the area.

SCHOOL CLINICS.—A General Clinic is held each Wednesday afternoon during term time at Valley Road, Liversedge; an ophthalmic Clinic each Monday afternoon, and a Throat and Nose Clinic on alternate Fridays.

For full report, see School Medical Officer Report, page 32.

TUBERCULOSIS DISPENSARIES.—There is a Tuberculosis Dispensary maintained by the West Riding County Council in Huddersfield Road, Liversedge, and all cases in the area attend there.

VENEREAL DISEASE.—Such of these cases who seek institutional treatment attend either at the Bradford Infirmary or Dewsbury Infirmary. No provision for such treatment is made by the Local Authority.

NURSING IN THE HOME.—Home nursing is carried out in the Cleckheaton and Liversedge areas by voluntary societies, each one confining its activities to its own area. Up to the present there has been no provision for home nursing in the Gomersal area, but an influential committee has lately been formed with a view to providing a Nurse for that part of the district.

The Local Authority has made arrangements with the two Nursing Associations by which their services will be available to the Child Welfare Centre for nursing children suffering from Measles, Zymotic Enteritis, and Ophthalmia Neonatorum, and other diseases discovered by the Health Visitors in the course of their duties, and who would not otherwise be able to call on the services of the District Nurses.

Arrangements have been concluded to pay the Nursing Association one shilling for each of such visits.

MIDWIVES.—There are five midwives practising in the area and resident therein. Four of them are trained, and one is a bona-fide midwife.

One trained midwife is subsidised by the Council. Full particulars are given under the Maternity and Child Welfare report, page 58.

CHEMICAL WORK.—Samples under the Food and Drugs Act are as a rule taken by the County Authorities, but in 1923 a series of samples were taken for the purpose of investigating the "Dirt" content. 66 per cent. of these samples were found to contain twelve or more parts of dirt per million. A full report will be found in my report for 1923, page 39.

The water supply of the town being obtained from the Bradford Corporation, it has not been considered necessary to take periodical samples, but in the early part of the period under review a few wells were found and samples were taken for analysis in each case. Ten such samples were taken and three were found to be unfit for domestic use. These three samples were taken from two wells and a tap, presumably supplied by one of the wells, in a small group of cottages in an outlaying part of the district.

It was found that the nearest water main was at a considerable distance and the matter had perforce to be left as it was.

The following Acts and Orders are in force in the District:—

1.—The Baths and Wash-houses Acts, 1846 to 1899
2.—Infectious Disease Prevention Act, 1890.
3.—The Public Health Acts Amendment Act, 1890.
4.—The Private Street Works Act, 1892.
5.—Notification of Births Act, 1907.
6.—The Museums and Gymnasiums Act, 1891.
7.—The Shops Acts, 1904-1920.
8.—The North Bierley Joint Hospital Orders, 1888 to 1916.
9.—Liversedge and Mirfield Joint Hospital Order, 1894, 1896, 1916.
10.—Oakwell Joint Hospital Orders, 1896 to 1916.
11.—The Cleckheaton Gas Act, 1869.
12.—The Cleckheaton Local Board Act, 1870.
13.—The Cleckheaton Gas Orders, 1888, 1909, 1913.
14.—The Cleckheaton Electric Lighting Provisional Order, 1900.
15.—The Cleckheaton Urban District Council Act, 1914.
16.—Order under Gas (Standard of Calorific Powers) Act, 1916.
17.—The County of the West Riding of Yorkshire (Spenborough Urban District) Confirmation Order, 1915.
18.—The Public Health Acts Amendment Act, 1907 (Sections 15 to 33 in Part II.; Sections 34 to 38, 43 to 47; 49 to 51 in Part III.; all Sections in Parts IV., V., VI., VIII and IX.).
19.—Rats and Mice (Destruction) Act, 1919.
20.—Heckmondwike and Liversedge Gas Companies Acts.
21.—Gomersal Gas Companies Acts.

22.—Spenborough Urban District Council Gas Order, 1921.

23.—Spenborough (Offensive Trades) Confirmation Order, 1922.

24.—Spenborough Butcher's Shops Closing Order, 1924.

Bye-Laws in force in the District:—

1.—New Streets and Buildings, 1890.
2.—Cemeteries, 1916.
3.—Common Lodging Houses, 1916.
4.—Public Baths, 1916.
5.—Mortuary, 1916.
6.—Public Wash-houses, 1916.
7.—School Attendance, 1916.
8.—Employment of Children and Street Trading, 1920.
9.—Market, 1916.
10.—Houses let in Lodgings, 1916.
11.—Nurseries, 1916.
12.—Hackney Carriages, 1917.
13.—Slaughter Houses, 1917.
14.—Offensive Trades, 1923.
15.—Pleasure Grounds, 1923.

INFECTIOUS DISEASE.

During 1925 the chief matters to note is the reduction in the number of cases of Pneumonia and Respiratory Tuberculosis compared with the previous year. This is probably due to the mild winter of 1924-25 and the comparatively fine summer that followed. Scarlet Fever showed a considerable increase in 1924. There was a sharp but short lived epidemic of Measles in the Spring, but otherwise the year was uneventful with regard to infectious disease.

Table XII. shows the number of cases of the various notifiable diseases for each age group and for each ward, and also the number removed to hospital; and Table XII. gives the number of cases in each part of the district and also for the whole of Spenborough in each quarter.

Excluding cases of Tuberculosis, 171 cases were notified, a decrease of 51 compared with the previous year.

Of the cases usually removed to hospital, namely, Scarlet Fever, Diphtheria, and Enteric Fever, 63 were notified, an increase of 18, and of these 55 were removed; 8 cases, 7 Scarlet Fever, and 1 Diphtheria being nursed at home.

In all cases, as soon as the patient is removed, the house, bedding, and personal clothing of the patient are disinfected, the house by formalin vapour and the clothing, etc., by steam in a Meldrum disinfector which was installed towards the end of 1922..

Notification of infectious disease is now more prompt than formerly, and, by arrangement with the various hospitals, the admission of patients is notified at once by telephone.

Table XII. shows the notifications received, the ages of those attacked, the diseases from which they suffered, and the Wards in which they lived.

Table XIII. gives the incidence of each disease in each quarter and for each Division of the District.

Tables XIV. and XV. show similar returns to Table 12 and 13, but include all Infectious Diseases notified during the years 1920 to 1925.

Tables XVI. shows the actual number of cases notified during each of the six years under review, the attack rate per 1,000 living and the case mortality.

Table XII.—Notifiable Infectious Disease, 1925. Age Groups and Wards

	All Ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Age not known	Oakenshaw	Scholes	East Ward	West Ward	Spen and Littletown	Millbridge	Roberttown and Norristhorpe	Hightown	Gomersal	Removed to Hospital	Deaths
Enteric Fever	2					2					1							1	2	0
Scarlet Fever	58	1	16	32	5	4					1	5	7	9	13	12	9	2	51	1
Diphtheria	3		1	2									2			1			2	1
Erysipelas	13				1	4	6	2			1	4	3		1	3	1			0
Puerperal Fever	5				1	3			1						1	1	1	2	4	3
Pneumonia	86	11	24	21	4	14	7	5			13	17	9	13	2	13	14	5		28
Ophthalmia Neonatorum ...	2	2																2		0
Encephalitis Lethargica ...	1					1						1								3
Anthrax	1					1									1				1	0
Respiratory Tuberculosis ...	34		1	4	8	10	8		3			9	3	3	6	3	6	4	21	14
Other forms of Tuberculosis...	13		4	2	2	5					2	4	1		1	1	2	2	1	7
TOTAL	218	14	46	61	21	44	21	7	4		18	40	25	25	25	34	33	18	82	57

Table XIII.—Notifiable Infectious Diseases, 1925. Districts and Quarters.

	CLECKHEATON				LIVERSEDGE				GOMERSAL				SPENBOROUGH			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Enteric Fever		1								1				2		
Scarlet Fever	3	2	2	6	13	10	7	13			1	1	16	12	10	20
Diphtheria				2				1								3
Erysipelas		2	3	3		3	1	1						5	4	4
Puerperal Fever						3			1			1	1	3		1
Pneumonia	13	12	3	11	10	9	11	12		2	1	2	23	23	15	25
Ophthalmia Neonatorum ...										2				2		
Encephalitis Lethargica ...	1												1			
Anthrax							1								1	
Respiratory Tuberculosis ...		5	1	6	7	1	3	7	2		1	1	9	6	5	14
Other forms of Tuberculosis ...	2	1	2	2		2	1	1	2				4	3	3	3
TOTALS	19	23	11	30	30	28	24	35	5	5	3	5	54	56	38	70

Table XIV.—Notifiable Infectious Diseases, 1920-25. Age Groups and Wards

	All Ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Age not known	Oakenshaw	Scholes	East Ward	West Ward	Spen and Littletown	Millbridge	Roberttown and Norristhorpe	Hightown	Gomersal	Removed to Hospital	Deaths
Enteric Fever	25	0	1	10	3	7	2	0	2	2	1	2	6	4	0	1	3	6	22	5
Scarlet Fever	511	3	88	325	65	22	1	0	7	12	23	112	59	65	77	61	57	45	481	4
Diphtheria	120	1	39	61	13	5	0	0	1	1	1	15	22	11	22	10	15	23	114	11
Erysipelas...	88	0	0	3	12	28	27	8	10	0	5	17	11	5	13	15	13	9		3
Puerperal Fever	20	0	0	0	2	12	0	0	6	1	0	0	0	1	5	3	1	9	6	22
Pneumonia	405	49	113	63	29	47	49	31	24	1	50	69	54	55	23	50	74	29	3	208
Ophthalmia Neonatorum ...	31	31	0	0	0	0	0	0	0	0	2	3	3	2	3	3	3	12		0
Encephalitis Lethargica ...	6	0	0	1	1	3	1	0	0	0	0	2	0	1	2	0	0	1		6
Anthrax	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Malaria	6	0	0	0	0	5	1	0	0	0	1	1	3	0	0	0	1	0		0
Anterior Poliomyelitis ...	5	0	1	3	0	0	0	0	1	0	0	3	0	2	0	0	0	0		0
Continued Fever	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0		0
Respiratory Tuberculosis ..	250	1	5	35	50	99	38	3	19	7	9	59	29	27	41	36	31	11	130	126
Other forms of Tuberculosis...	66	2	14	18	17	10	2	0	3	0	3	19	7	6	5	9	7	10	4	50
Totals	1535	87	261	519	192	239	121	43	73	24	95	302	194	179	193	188	205	155	761	435

Table XV.—Notifiable Infectious Diseases, 1920-25. Districts and Quarters

	CLECKHEATON				LIVERSEDGE				GOMERSAL				SPENBOROUGH			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Enteric Fever	1	3	4	3	0	0	6	2	1	2	2	1	2	5	12	6
Scarlet Fever	36	74	61	50	57	63	40	84	8	16	10	11	101	153	111	145
Diphtheria	8	6	10	16	18	10	11	18	4	6	5	8	30	22	26	42
Erysipelas	4	10	9	10	14	11	12	9	2	0	4	3	20	21	25	22
Puerperal Fever	0	0	1	0	2	4	2	2	2	2	1	3	4	6	4	5
Pneumonia	69	45	21	48	80	43	23	47	8	12	1	8	157	100	45	103
Ophthalmia Neonatorum ...	1	2	4	1	1	3	4	3	2	5	3	2	4	10	11	6
Encephalitis Lethargica ...	2	0	0	0	0	2	1	0	1	0	0	0	3	2	1	0
Anthrax	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Malaria	0	0	3	2	0	0	0	1	0	0	0	0	0	0	3	3
Anterior Poliomyelitis... ...	2	1	0	2	0	0	0	0	0	0	0	0	2	1	0	2
Continued Fever	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0
Respiratory Tuberculosis ...	24	28	19	39	32	32	28	38	3	0	4	4	59	60	51	81
Other forms of Tuberculosis ...	6	5	6	11	5	11	6	5	4	2	0	3	15	18	12	19

Table XVI.—Comparison of Notifications of Infectious Disease, 1920 to 1925

	1920	1921	1922	1923	1924	1925	Total	Deaths	Case Mortality	Case Rate per 1000 living
Enteric Fever	5	6	2	6	4	2	25	5	20%	.13
Scarlet Fever	86	95	98	139	35	58	511	4	.8%	2.71
Diphtheria	52	41	13	5	6	3	120	10	8.3%	.64
Erysipelas	13	13	13	19	17	13	88	3	3.4%	.47
Puerperal Fever	3	2	3	3	4	5	20*	22*	?	.11
Pneumonia	15	48	42	65	149	86	405*	208*	51.3	2.15
Ophthalmia Neonatorum ...	5	5	7	9	3	2	31	—	—	.11†
Encephalitis Lethargica ...		1		1	3	1	6	6	100%	.03
Anthrax						1	1	—	—	—
Malaria	1	3	1	1			6	—	—	.03
Anterior Poliomyelitis ...		1	3	1			5	—	—	.03
Continued Fever		1					1	—	—	—
Respiratory Tuberculois ...	58	34	45	31	48	34	250	126	50.4	1.33
Other Forms of Tuberculosis ...	6	9	12	17	9	13	66	50	75.7	.35
TOTALS	244	259	239	297	278	218	1535	434	28.3	8.14

* Several cases not notified. † 9·5 per 1000 births.

SMALL POX.

Spenborough escaped this disease in 1925, though several districts near by were attacked. Two contacts were notified towards the end of the year. The contact was a single one and only lasted five minutes, the infected person not being aware at the time that she had the disease. It was not till five days after the contact that the case was reported. Both persons were visited daily, but fortunately both escaped.

I was also asked to see another case with a view to confirming the diagnosis of Small Pox, but the case turned out to be something else.

No case has occurred in Spenborough for over twenty years.

SCARLET FEVER.

Fifty-eight cases of Scarlet Fever occurred in the district during 1925. This was twenty-three more than in the previous year, but forty four less than the average for the years 1920-26. The disease was for the most part of a mild type, only one death occurring. Liversedge was more affected than the rest of the district, forty-three of the cases occurring there, Millbridge and Roberttown and Norristhorpe Wards having most cases, namely, thirteen in the former and twelve in the latter Ward. Only two cases occurred in Gomersal during the year.

The district was never free from Scarlet Fever during the year, but at no time did the disease appear to be likely to become epidemic. The average number of cases under treatment during the year was 5.7 per day. The greatest incidence of the disease was from towards the end of February till the end of April, when there was an average of eleven cases under treatment each day, while in December the average number was 8.5. On the other hand for over four months, from the middle of June to the middle of October, the average number of cases under treatment per day was only 3.5. Scarlet Fever is epidemic in Spenborough, the district never having been entirely free from the disease for the past six years. The seasonal incidences which is so marked for the whole country does not seem to occur here. Most cases have occurred during the second quarter, and it was in June,1923, that the only epidemics of Scarlet Fever that have occurred during the period under review happened. The fourth quarter shows the next greatest number of cases while the fewest have occurred during the first quarter. About three cases have occurred in the second and fourth quarters to every two in the first and third quarters. Liversedge has showed a slight excess in cases over Cleckheaton, but not a very great one. The two districts seem to alternate. In 1922 and 1925 Liversedge had a large excess of cases, while in 1923 and 1924 the majority of those attacked came from Cleckheaton. The East and Millbridge Wards have had the majority of cases, while Oakenshaw and Scholes have had fewest, though this might perhaps be expected.

As regards age incidence, the commonest age of attack was from 5 to 15, in which age group were 63 per cent. of all those attacked. Seven per cent. of the cases occurred in persons of over twenty-five. and there were three cases in babies of under a year old.

DIPHTHERIA.

Three cases only of this disease occurred during the year, the smallest number for a considerable time. Two of the cases occurred in West Ward and one in Robertown and Norristhorpe, and there was one death.

The past six years have shown a very large reduction in the number of cases of Diphtheria. During 1920 and 1921 there were 93 cases notified, but in the four years since there have only been 27 cases all told, of which thirteen were in 1922. No case at all was notified between September 11th, 1924 and October 5th, 1925, a period of nearly thirteen months. The case mortality has been rather light, namely 8.3 per cent. The cases occurred at all seasons of the year, but the fourth quarter had most, about one-third of the total cases occurring at this time. About half this number were notified during the second quarter. As in Scarlet Fever the 5 to 15 age group was the most susceptable, 51 per cent. of the cases occurring at these ages. Five per cent. only of the cases occurred at over twenty-five years of age, and there was only one case in a baby of under one year.

In 1920 Diphtheria Antitoxin was kept at the Health Department for the use of Practitioners, but there was but little call for it, most cases being sent straight to hospital on clinical evidence without waiting for a swab to be examined. This is probably the best plan unless Antitoxin is administered at once, pending the result of the swab examination coming to hand.

ENTERIC FEVER.

Two cases only of Typhoid Fever were notified during the year, one in Scholes and one in Gomersal, neither of which was fatal. They appeared to have no connection with each other.

During the period 1920 to 1925 there have been twenty-five cases of Enteric Fever in the district, all so far has been ascertained sporadic, and there was never any sign of a localised outbreak. There were six deaths, giving a case mortality of 24 per cent. Most cases occurred in 1921 and 1923, six in each year, and fewest in 1922 and 1925 with two cases in each year.

The Cleckheaton area had the majority of the cases, three-fifths occurring here and half the total cases occurred during the third quarter. Ten of the cases occurred between the ages of 5 and 15, and seven between 25 and 45. There was only one case, in a child of under 5.

PNEUMONIA.

During 1925 eighty-six cases of Pneumonia were notified. This was a considerable reduction on the previous year when nearly the same number were reported in the first quarter.

It is very doubtful if all cases of Pneumonia are notified, though omissions are certainly not as frequent now as in the past. During the past six years, 405 cases of Pneumonia have been notified, but 208 persons were certified during the same period as having died from Pneumonia. This gives a case mortality of over fifty per cent., which is very unlikely. The case mortality from Pneumonia is somewhere about 15 per cent., and taking this figure the number of cases of Pneumonia during the period under review would be about 1,400, equal to an attack rate of about seven per 1,000 living.

The cases notified have been fairly evenly distributed over the district, and persons of all ages were attacked, though the most susceptable age group was 1 to 5, at which time of life over a quarter of the cases took place, and rather less than one-sixth occurred between the ages 5 to 15.

The first quarter shows the greatest liability to the disease and the third quarter the least, the relative number of cases occurring in the four quarters being 3—2—1—2.

ZYMOTIC ENTERITIS.

This not being notifiable, it is impossible to say to what extent it is present in the district, but probably there is very little. The death rate is considerably below that for the whole country as has been noted above.

From reports from the Health Visitors and from observation of babies attending the Child Welfare Centre, Zymotic Enteritis is by no means the scourge that it has been in the past. As I have pointed out in other reports, one reason for the reduction in the number of cases of this fatal disease is the large use of dried milk for artificial feeding of babies. Obviously it is far easier to keep a dry powder free from contamination than it is to keep a liquid like milk free from infection. In addition the cold sunless summers that there have been during the present decade militate against the existence of large numbers of flies which it is well known are the chief carriers of the infection which causes Summer Diarrhœa. The only exception to these cold summers was in 1921, when by far the largest number of deaths from Zymotic Enteritis were registered.

OTHER NOTIFIABLE DISEASES.

Thirteen cases of Erysipelas were notified during the year, which is rather under the average for the past six years, during which there were 88 cases altogether. Five cases of Puerperal Fever were reported, the largest number in any of the six years under review. During this period there have been no less than twenty cases of puerperal sepsis, equal to .95 per 1,000 births. This matter will be dealt with again under Maternity and

Child Welfare, as will also the incidence of Ophthalmia Neonatorurn, of which only two cases were notified during the year. Thirty-one cases of Ophthalmia Neonatorurn were notified between 1920 and 1925, but chiefly from Gomersal, which had 12 cases. In connection with this it is worth noting that up till the middle of 1925 there was no resident midwife in Gomersal, nor is there a district nurse, though this latter deficiency will, I believe be remedied in the near future.

Only one case of Encephatlitic Lethargica was notified during the year, but three persons were notified as having died from this disease. Six cases in all of this disease have been reported during the past six years. Half the patients were aged between 25 and 45. There was a case of Anthrax notified during the year, the only one in the period under review. During the same period there have been six cases of Malaria, five of Anterior Poliomyelitis and one of continued Fever. The cases of Malaria were all contracted abroad, and none has been notified since 1923. There has been no case of Anterior Poliomyelitis since the same year.

No attempt has yet been made to use the Schick or Dick Tests, and I doubt very much if public opinion is ripe in this district for the employment of these methods. Judging by the attitude of the populace towards such matters as Vaccination and the use of X-Rays for the cure of Ringworm, I feel sure than any attempt to investigate the susceptibility of children to Diphtheria or Scarlet Fever would give rise to a storm of opposition. Fortunately, with regard to the use of the Schick Test for Diphtheria, the necessity for its use has been absent during the past few years.

No Vaccinations have been performed under the Public Health (Small Pox Prevention) Regulations, 1917.

TUBERCULOSIS.

Forty-seven cases of Tuberculosis were notified in 1925. Of these, 34 were Respiratory Tuberculosis and 13 were other forms.

This shows a considerable decrease in the cases of Respiratory Tuberculosis and an increase of four in other forms, There is a Tuberculosis Dispensary in Huddersfield Road, conducted by the West Riding County Council, at which a large number of tuberculous patients attend.

Twenty-five notifications were received of the admission of patients to sanatoria, and 27 of their discharge.

The following are the institutions concerned:—

	Admission. Form C.	Discharged. Form D
Middleton-in-Wharfedale Sanatorium ...	9	14
Cardigan Sanatorium	2	0
Morton Banks Sanatorium	4	6
Highwood, Brentford	1	0
Eldwick Sanatorium	2	2
North Bierley Union	1	0
Grosvenor Sanatorium	0	1
Wyton Hostel	2	1
Barrow Hill Colony, Frimley	1	0
Dean Head Sanatorium	3	3

The housing conditions were investigated in 22 cases where patients had been admitted to sanatoria at the request of the County Medical Officer.

The following Table is a summary of the cases of Tuberculosis notified and also the deaths from this disease in 1925.

TABLE XVII.

TUBERCULOSIS.

Age Periods	New Cases‡				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0								
1	1	1	2	1			2	1
5	2	1		1				
10	2	1		1		1		
15		2	1	1		1		3
20	5			1	2	1		
25		4	1	1	3			
32	2	5	2	1	1	1		1
45	4	2			2	1		
55	1	1			1			
65 and upwards.								
Totals ...	17	17	6	7	9	5	2	5

The Notification of Tuberculosis has been much prompter during the past year than formerly. Whereas, in 1924, there were nine deaths from Tuberculosis in cases that had never been notified, in the past year there were only two. On enquiry it was found that the doctor concerned was under the impression the case had previously been reported.

The following Table sets out the number of cases on the register of Pulmonary Tuberculosis up to the end of 1925.

TABLE XVIII.

	Pulmonary	Non-Pulmonary	Total
Males ...	81	21	10
Females ...	71	19	90
Total ...	152	40	192

During the period 1920 to 1925 the notifications of Respiratory Tuberculosis show a slight decline. In the first three years of the period there were 137 notifications, while in the latter three years there were only 113. On the other hand non-respiratory forms show a considerable increase, there having been 39 notifications in the second half of the period compared with 27 in the first three years. In all, 316 cases were notified in the six years, of which 250 were of the respiratory type. The attack rate was 1.33 per 1,000 living and .35 per 1,000 for Respiratory Tuberculosis and other forms respectively.

There were rather more cases in Liversedge than in Cleckheaton, but the difference was not very marked. But the East Ward had considerably more cases than any other single ward, this being true for both Respiratory and other forms.

As regards age at the time of attack, two-fifths of the Respiratory cases occurred between the ages of 25 and 45, and one-fifth between 15 and 25. On the other hand other forms of Tuberculosis were most common between 1 and 5, with 21 per cent of the cases, from 5 to 15, with 27 per cent., and from 15 to 25, with 25 per cent. of the total. Thus 74 per cent. of the Respiratory cases occurred between 5 and 45 years of age, and 74 per cent. of the non-respiratory cases between 1 and 25 years old.

The deaths from Tuberculosis have varied much in the same way as the notifications. In the first half of the period there were sixty-nine deaths from the Respiratory form and 26 from other forms, while in the second half the respiratory form accounted for 57 deaths and other forms for 24.

Table XIX. indicates the incidence of certain notifiable diseases in Spenborough in 1924 and also during the period 1920 to 1925, and certain groups of areas and for the whole country in 1924.

Table XIX.—Comparison of the incidence of certain Diseases per 1000 of the population in Spenborough with certain areas in 1924.

	England and Wales	London	County Boroughs	Other Urban Districts	Rural Districts	Northern Counties	Northern Urban Districts	SPENBOROUGH	
								1924	Period 1920 to 1925
Enteric Fever	.11	.09	.08	.13	.1	.12	.14	.12	.13
Scarlet Fever	2.16	2.51	2.43	2.03	1.72	2.55	2.55	1.14	2.7
Diphtheria	1.07	2.31	1.11	.86	.63	.76	.72	.19	.63
Erysipelas	.33	.41	.39	.3	.22	.39	.38	.54	.46
Respiratory Tuberculosis ...	1.49	1.73	1.84	1.3	1.09	1.66	1.37	1.53	1.32
Puerperal Fever	.06	.06	.08	.05	.03	.06	.05	.13	.11
Puerperal Fever cases per 1000 births	2.99	3.38	3.94	2.5	1.86	3.18	2.46	.8.45	6.1

ENTERIC FEVER.—This disease occurs very slightly more frequently in Spenborough than in the whole country, and considerably more than in London and the County Boroughs, but less than in the group of Northern Urban Districts.

SCARLET FEVER.—In 1924 Spenborough was far less affected than any of the groups, there having been fewer cases in the district than in any year of which I have records. For the whole period, however, shows a considerably higher figure.

DIPHTHERIA.—The returns for Spenborough in 1924 compare very favourable indeed with the rest of the country, and for the whole period the attack rate is as low as for the Rural Districts in 1924, and only about a quarter of London's attack rate.

Erysipelas appears to be rather more prevalent in Spenborough than elsewhere.

RESPIRATORY TUBERCULOSIS. — The attack rate for this disease appears to be about the same as for the country at large, slightly less than in the large towns and rather more than in the country districts.

PUERPERAL FEVER.—As mentioned elsewhere this disease is far too prevalent in this district. Its incidence is double that for the whole country and for London, fifty per cent. more than for the County Boroughs, two and a-half as great as that in other Urban Districts and in the Northern Urban Districts, twice that of the Northern Counties and four times that of Rural Areas. In taking the proportion of Puerperal Fever to the total births, the figures are even worse, as will be seen from the Table.

BACTERIOLOGICAL REPORTS.

Ninety-nine reports were received from the County Laboratory at Wakefield.

The material for examination for Ringworm was, for the most part, sent from the Health Department, and that in other cases by the medical men in the district.

	Positive.	Negative.
Sputum	9	0
Diphtheria	3	0
Ringworm	51	31
Blood for Vidal	1	2
Inocculation for Tuberculosis	0	2

CROSSLEY HOSPITAL.

Two cases, both Scarlet Fever, from Liversedge, were under treatment on December 31st, 1924. During 1925, 38 cases were admitted, rather more than double the number in the previous year. All these cases were Scarlet Fever, no case of any other disease being admitted from Liversedge.

One case was sent in on suspicion, but turned out not to be Scarlet Fever.

There was one death during the year, the second death in the hospital from this disease amongst Liversedge cases in six years.

For the most part the disease was of a mild type, but there was a considerable amount of Adenitis during convalescence, but this as a rule cleared up rapidly under treatment.

At the end of the year there were five Liversedge cases remaining in hospital.

OVERCROWDING AND INFECTIOUS DISEASES.

According to the census returns of 1921 there were .89 room for each person in the district and 1.17 persons occupied each room.

In my report for 1923, I showed that ten and a-half per cent. of the population have half a room or less each, but 44 per cent. of the cases of Scarlet Fever occurred among those living under these conditions, and of these persons 1 in 54 took the complaint. On the other hand 28.8 per cent. of the population occupy 1 room or more each, and only 7 per cent. of the cases occurred among these families, and moreover only 1 in 898 contracted the complaint.

These figures are borne out by the returns of Scarlet Fever and Diphtheria during the years 1920 to 1925.

Owing to the extra houses that have been built since the census, it is probable that the number of persons per room is less and the accommodation per person is greater than it was at the time of the census. Nevertheless it will be seen from the subjoined Table that Scarlet Fever and Diphtheria both occur in houses where the accommodation is considerably less than the average. Throughout the period in the houses attacked by Scarlet Fever and Diphtheria there were 1.6 persons per room as against 1.17 persons per room throughout the district, an excess of 37 per cent. It seems that there can be but little doubt that overcrowding tends to the increase of infectious disease, not only through direct infection, but also by the lowering of the occupants vitality and thus making them less capable of combating the infective agent when attacked.

TABLE XX.

Houses attacked by Scarlet Fever and Diphtheria :—

	Rooms per Occupant.		Occupants per Room.	
	Scarlet Fever.	Diphtheria	Scarlet Fever.	Diphtheria.
1920	.57	.63	1.75	1.59
1921	.63	.63	1.59	1.58
1922	.67	.62	1.5	1.61
1923	.58	.44	1.71	1.28
1924	.7	.54	1.43	1.83
1925	.66	.57	1.51	1.75
1920-25	.63	.6	1.6	1.66

MATERNITY AND CHILD WELFARE.

NOTIFICATION OF BIRTHS ACT, 1907.

Four hundred and twenty-six births were registered during the year, the net births for the district being 498, the difference between the two figures being accounted for by the fact that 72 children whose parents reside in Spenborough were born in the Heckmondwike Maternity Home or other places outside the district.

Three hundred and eighty-six births were notified within the statutory period of 36 hours, and 35 were notified later; 90 per cent. of the births registered in the district were notified within 36 hours and 99 per cent. were notified at some time. Of the births notified by doctors 7 per cent. were late, but of those notified by midwives 14 per cent. were notified after the statutory time.

These figures are an improvement on previous years.

The births were notified as follows:—

	Within 36 hours.	Later.
By Doctors	318	24
By Midwives	63	10
By Parents	5	1
By M.O.H., Heckmondike	42	
By M.O.H., Leeds	2	
By M.O.H., Brighouse	1	

Sixteen still births were notified.

Four hundred and sixty-nine "first month" visits were made to newly-born babies and 2,383 subsequent visits, making a total of 2,852 visits, an average of 5.7 visits per child.

The following Table indicates the various methods of feeding adopted at different ages:—

TABLE XXI.

	New Births	Two Months	Four Months	Seven Months	Twelve Months
Breast only	396	324	286	297	59
Breast and Cows Milk ...	22	8	17	20	23
Breast and Dried Milk ...	5	19	16	24	10
Breast and other Food ...	0	5	2	6	75
Cows Milk only	35	51	88	97	42
Dried Milk only	6	57	77	99	43
Milk and other Food ...	1	2	3	14	287
Condensed Milk	1	2	8	3	1
Patent Foods	3	18	28	33	12
Other Food	0	0	0	7	221
Percentages:					
Breast Fed Entirely ...	84.4	66.6	54.6	49.5	7.6
Breast Fed Partially ...	5.8	6.6	6.7	8.3	13.9

Table XXII. shows the percentage of Breast-Fed Babies at various ages during the past six years.

TABLE XXII.

	New Births	2 Months	4 Months	7 Months	12 months
1920 ...	96.9	68.4	63.1	51.3	14.1
1921 ...	95.8	69.3	61.3	52.2	8.3
1922 ...	91.8	70.8	57.2	49.4	7.5
1923 ...	90.6	65.4	57.7	52.8	9.1
1924 ...	87.3	65	58.1	50.8	7.2
1925 ...	84.4	66.6	54.6	49.2	7.6

It will be seen that there is a very definite reduction in the number of mothers willing to feed their babies. This reduction is almost entirely in the new births group, in which twelve and a-half per cent. more mothers feed their children by artificial means from the first than was the case six years ago. A considerable number of these mothers are seen at the Baby Clinic, and most of them seem to be quite unwilling to make any effort to feed their children naturally. At seven months only half the babies are breast-fed, but here there has been little or no reduction, while at twelve months only about half the number have not been weaned compared with six years ago.

Five cases of Ophthalmia Neonatorum were notified during the year. In two cases a doctor was in attendance when the child was seen by the Health Visitor, and in the others one was called in on her advice.

There was no case of blindness or apparent permanent damage to the eyes in any of the cases. There has been a considerable reduction in these cases during the past two years, eight cases having been notified in 1924 and 1925 compared with thirteen in 1923.

1,673 visits were paid to children over a year old, but under school age, and of these thirty-five were found to be defective and were referred for treatment either by their own doctor or at the Clinic.

CHILD WELFARE CENTRE.

The Centre in Valley Road was open on 50 occasions during the year, the only Tuesdays missed being the day following Easter Monday and Whit-Monday. The total attendances numbered 1,710, of which 1,201 were by babies of under one year and 509 by older children. These attendances of the older children showed a slight reduction of 33, but there were 203 more attendances by babies, an increase of about 20 per cent.

The total attendances showed an increase of eleven per cent. compared with 1924, the attendances in which year also showed a similar increase on that of the previous year.

Three hundred and fifty-five individual babies attended the Liversedge Centre during the year, an increase of seventy compared with 1924. Since the opening of the Centre in 1922, the percentages of babies belonging to the district attending the Centre have been:—In 1922, 63.2 per cent.; in 1923, 59 per cent.; in 1924, 61.4 per cent., and in 1925, 71.3 per cent.

The average attendance at each opening was just over 34, and the number of attendances made by each child was just 3½, the same as in 1924.

The attendance at the Branch Centre at Scholes has improved during the year. There were 138 attendances at the eleven occasions in which the Centre was open, 102 by babies and 36 by older children. Here again there is a reduction in the attendances by older children, but an increase of about fifty per cent. by the babies. The average attendance at each opening was twelve and a-half compared with an average of nine and a-half in the previous year, and 16 in 1923.

Six babies who had attended the Clinic died during the year before reaching their first birthday. Three of the deaths were due to Respiratory diseases, two to prematurity, and one to Gastro Enteritis. Only one of them had attended the Centre more than twice.

The Infantile Mortality rate among Clinic babies was 16.8 per 1,000 which compares very favourably with the rate for all babies, namely 74.3 deaths per 1,000 births. The death rate amongst those babies which did not attend the Centre was 216.8 per 1,000 births.

The following is a comparison of the death rates of Clinic Babies and non-Clinic babies during the four years that the Centre has been in operation.

	1925.	1924.	1923.	1922.
Clinic Babies	16.8	17.5	27	24.5
Non-Clinic Babies	216.8	195.5	194.1	194.7

It will be seen that the death rate amongst those babies who do not attend the Centre has been nearly ten times that among those who do. It must be remembered, however, that a large number of babies die within the first week or two from causes that cannot be prevented, at any rate, after birth.

OPHTHALMIA NEONATORIUM.

CASES.

Notified	Treated		Vision			Deaths
	Home	Hospital	Unimpaired	Impaired	Blindness	
2	2	0	2	0	0	0

ORTHOPÆDIC WORK.

Great help is given to the Centre by the Spenborough Cripples' League which is held at the Ellison Clinic, Cleckheaton. This is a society managed by a voluntary committee and under the care of Mr. James Phillips, of Bradford. Cases showing bone deformities due to Rickets are sent to the Ellison Clinic for treatment with most excellent results.

There are no special arrangements in the district for dealing with unmarried mothers and illegitimate infants, but they are invited to come to the Centre where special supervision is exercised.

I have again to place on record my appreciation and thanks for the work done by the Ladies' Voluntary Committee in connection with the work of the Child Welfare Centre. Their work has contributed largely to the success of the Centre. Members of the Committee attend each time the Centre is open both at Valley Road and Scholes. They make tea for the mothers and look after the babies at tea time. Woollen garments are made and sold just above cost price, and instruction is given from time to time on feeding, clothing, and the general hygiene of early life.

While considerable satisfaction may be felt with the progress that Child Welfare work has made in Spenborough during the past four years, I cannot help feeling that there is room for improvement.

While the attendance of 70 per cent. of the babies born in the district is fairly good, the fact that each baby only attended three and a-half times on the average instead of once a month, or say ten times in the year is unsatisfactory. There are certainly definite causes which militate against a really large attendance. One is the scattered nature of the district, and another is the long spells of bad weather during the winter.

During the past year 55 per cent. of the attendances were between May and September, while November and December accounted for only ten per cent of the total. Apart from these unavoidable difficulties, many mothers still look upon the Centre as a treatment department, and only bring their children when they are not satisfied that they are in good health. Strictly speaking, a Child Welfare Centre should not be looked upon in this light. Its proper function is observation and the early detection of abnormalities and disease, and necessary treatment should be carried out by the private practitioner.

SUPPLY OF DRIED MILK.

Dried Milk is supplied to those who require it and who attend the Centre, at cost price, or free in necessitous cases.

7,068 lbs. of Dried Milk were disposed of during the year, of which 1,848 lbs. were given free. This was just over a quarter of the total.

Rather more dried milk was sold than in the previous year, but about 150 lbs. less was given free. In 1922 36 per cent. of the milk was given free, so there has been a very considerable reduction during the past four years in the cost of this branch of the department.

ANTE-NATAL CENTRE.

The year 1925 was marked by a most important and necessary addition to the work of the Maternity and Child Welfare Centre in the establishment of an Ante-Natal Clinic, and an arrangement by which abnormal cases can in future be sent to St. Luke's Hospital, Bradford. In addition, a midwife who has recently come to the district has been subsidised in order that she may remain here until such time as she is sufficiently well-known to make a sufficient practice.

If reference be made to the Tables referring to Causes of Death and Incidence of Notifiable Disease and particularly to the comparisons with other parts of the country it will be seen that Spenborough bears a very unfavourable comparison with other localities with regard to Maternal Deaths.

It is difficult to assign a definite reason for this state of affairs with any degree of certainty, but it is undoubtedly a fact that owing to the scarcity of trained midwives in the district, handy women have been in attendance at confinements to a very large extent.

Up till the Spring of 1925, only three midwives were practising in the district, two trained and one bona-fide, and of these, only the latter was in regular practice. During the past year two trained midwives have been practising in the district in addition to the above, and therefore at the present time there are five midwives in the district, all but one of whom are trained. This number should be sufficient to deal with the five hundred births that occur annually, but it seems that a very large number of people prefer a handy woman to a midwife when they have engaged a doctor to attend. So long as the doctor is sent for sufficiently early and the handy woman acts solely as a handy woman, there can be no objection raised to this arrangement, but there are undoubtedly cases where the doctor is not on the spot, for various reasons, to deliver the child, and where the handy woman has perforce to act the part of a midwife. It is impossible to estimate in how many cases this occurs, but it is quite possible that this may have some bearing on Spenborough's high material mortality. The Ante-Natal Clinic was opened in June of last year, Dr. Elenora J. Howie, M.B., BCh., being appointed as Medical Officer to the Centre. The Clinic is held on alternate Wednesday afternoons at 4.15.

The attendances so far have been disappointing. It has not as yet been possible to persuade expectant mothers that the Centre is there for their own advantages. Many generations of women have looked upon pregnancy and labour with their attendant discomfort, pain and often permanent disability as inevitable, and I am afraid that in this district, at any rate, it will be some time before it will be possible to persuade them that much of these ills can be prevented.

From June to December eighteen expectant mothers attended the Centre, but they only made twenty attendances between them. This result for seven months' working is disappointing, but it may be hoped that in course of time an improvement will be shown. The following is Dr. Howie's Report on the work of the Centre:—

"An Ante-Natal Clinic was started at Valley Road, Liversedge, in June, 1925, and has been held fortnightly on a Wednesday since then. These clinics are being formed all over the country with the object of reducing Maternal Mortality and ensuring that the mothers may pass through pregnancy and child-birth with the minimum of risk and bear healthy babies. The Maternal Mortality returns only express a part of the suffering, for a far greater number of women are left as chronic invalids. It is being realised that these tragedies can only be averted by systematic ante-natal supervision. It may be noted that while Infantile Mortality has decreased rapidly since 1900, the number of maternal deaths has not so declined. This emphasises the fact that general improvement in health conditions is not enough; to meet this special problem we need special measures.

"At the Ante-Natal Clinic the previous health of the expectant mothers, and the history of former pregnancies is enquired into. They receive a general medical inspection—heart, lungs, kidneys, etc.; and thus opportunity is given for early recognition of concurrent diseases. A detailed examination is made of their obstetrical condition and possible dangers and difficulties anticipated. Advice is given regarding the diet and hygiene of pregnancy. Little adjustments in diet and hygiene can rid a woman of the troublesome nausea and vomiting so many tolerate because they think it is unavoidable. Recent research work has also shown that lack of Vitamin in the food taken by the prospective mother gives the child the predisposition to catarrh and pneumonia—conditions which cause a large number of deaths in infancy.

"The patient is kept under observation to see how she stands the strain of pregnancy, and to determine the probable course of the confinement.

"A most important point is that she is reassured and saved from worry about her condition because she feels she is being looked after.

"No medical treatment is carried out at the Clinic. If any defects are found, or if the woman requires attention, she is referred to her doctor and a note sent to him. In any case, if the doctor is to attend the confinement a full report of the patient is sent to him shortly before the expected date of delivery. Midwives are encouraged to attend with the cases that have 'booked' with them.

"At first sight the number of attendances at the Liversedge Ante-Natal Clinic appears very small; but when the difficulties are realised it is not disappointing.

"Here, as elsewhere, such a Clinic is an innovation, and knowledge of its scope and value seems to spread very slowly. The Spenborough district is a very scattered one, and the women have often a long walk and a 'bus or tram ride to and from the Clinic.

"There is no notification of pregnancy, so it is difficult to get into touch with all the women who might benefit by attending. It is amazing to find the degree of discomfort and ill-health they will put up with because they think it is part of their condition. In their ignorance they disregard danger signals, and when a still-birth or illness results they accept it as inevitable. If they only knew that this suffering could be avoided by proper antenatal care they would demand supervision throughout their pregnancy.

"It has been said that the mothers will not like it. I have not found this to be the case; rather the reverse. Once a woman realises that supervision is vitally necessary for herself and her baby, that it is the only safeguard against risks, she eagerly avails herself of the opportunity. We have the Clinic. It is excellently equipped. What is wanted is that more use should be made of it. This can only be effected by making the Clinic and its advantages more generally known."

(Signed) ELENORA J. HOWIE, M.B., BCh.

1925.

WATER SUPPLY.

The whole of the District of Spenborough is, with few exceptions, well supplied with a constant service of water, which is obtained in bulk from the Bradford Corporation reservoirs.

There are, however, a few isolated groups of houses, who have to depend upon local wells for their water supply.

Some of these properties are very old, and let at a low rental, and the great distance of the water service mains from the same, would make the cost of any connection thereto, altogether prohibitive.

All houses are supplied direct from the mains.

The water is an upland surface water, and there is no probability of contamination, the only objection being that it is occasionally somewhat coloured owing to the peaty nature of the ground from which it is gathered. The water is very soft, the total hardness being 6 on Clark's Scale, but no case of Lead Poisoning has occurred in the district during the past six years.

The following is an analysis of a sample of water taken from the Main Supply:—

Total Solids	8.5	grains per gallon.
Chlorine (combined)	.6	,, ,, ,,
Nitrates	Nil.	
Nitrogen as Nitrites	Nil.	
Free Ammonia	.0007	,, ,, ,,
Albuminoid Ammonia	.0021	,, ,, ,,
Lead	Nil.	
Hardness (Clark's Scale)	6.	,, ,, ,,

RIVER POLLUTION.

There is little or no pollution of rivers and streams in the district at the present time. In 1923 an effluent from a works extracting fat from sewage sludge carried considerable nuisance, but that having been dealt with no further case has occurred.

DRAINAGE AND SEWERAGE.

The district is for the most part well-drained, but there are various groups of houses in different parts of the district for which sewers are not yet available. In addition, a considerable number of isolated houses and farms are not served by any sewer and from their position are not likely to be in the near future.

The sewage from the whole of Cleckheaton, Liversedge, and part of Gomersal is dealt with at the Main Sewage Works situated at the Bottoms, Heckmondwike, just outside the district boundary.

The plant consists of a Detritus Chamber with half inch bar screens which are hand worked. The screened sewage then passes through a Flocculent Channel, in duplicate, through Tank Feed Channels into the Sedimentation Tanks. From thence the effluent passes through Tank Effluent and Filter Feed Channels to the Percolating Filter, and finally to a Humus Tank. The final effluent, which is of good quality, is discharged into the River Spen and thence into the Calder.

The average daily flow is about a million and a-half gallons, of which about one-third is from domestic sources, and the rest from trading operations.

There is also a small Sewage Works in the North Eastern part of the district which deals with the sewage from part of the Gomersal area.

PRIVY CONVERSION WORK.

During the year, 199 privies have been converted to the water carriage system; also four pail closets have likewise been converted, and five waste water closets have been abolished, and substituted by pull cistern flush water closets.

In addition to the conversions above-named, 13 additional water closets have been put in, making a total of 221 water closets for the year.

There is still the great difficulty in obtaining skilled labour for this work, and in many instances the conversions have been agreed to by the owners, but they have been held in abeyance due to the shortage of workmen.

1921—1925.

The privy conversions in the District is proceeding slowly, and the Council are dealing with this work under the Nuisance Clauses of the Public Health Act, 1875, and it is left to the discretion of the Sanitary Inspectors to choose out those premises which are in most urgent need for conversion, from a nuisance point of view, such as nearness to dwelling-houses, and their condition as to structural repairs, or insufficient accommodation.

The tabulated statement below will show the position for the past 5 years:—

No. of	1921	1922	1923	1924	1925	In 5 years	
						Increase	Decrease
Houses in District ...	7860	7913	7963	8021	8148	288	—
Water Closets ...	2307	2467	2613	2761	2982	685	—
Waste Water Closets..	607	607	598	587	582	—	18
Privies...	2734	2571	2451	2331	2133	—	601
Wet Ashpits	1985	1947	1906	1868	1764	—	221
Open Ashpits... ...	87	87	87	86	84	—	3
Dry Ashpits	490	496	521	541	589	99	—
Pail Closets	98	98	98	98	94	—	4
Dust Binns	1598	1730	1762	1885	1997	399	—

There are in addition 14 houses served with Cesspools, all of which are in good condition. Of these 7 are in Gomersal, 6 in Liversedge, and 1 in Scholes. The question of Privy Conversion is one that has been very much to the front during the past five or six years. In 1921 over one-third of the houses in the district were served with privies and wet ashpits, and at the end of 1925 the proportion was over one in four. Over six hundred privies and pail closets have been abolished in the last five years, and nearly seven hundred water closets have been built to take their place.

But there are still over 2,200 privies and pail closets in the district, and at the present rate of progress it will take nearly twenty years to complete the conversions.

This large proportion of houses using the Conservancy System constitutes, in my opinion, a serious blot on the Sanitary Reputation of Spenborough. This system is long out of date, besides being insanitary, indecent, and altogether objectionable.

But the practical solution of the problem is one of considerable difficulty. Attention has been drawn above to the difficulty of obtaining labour to carry out this work. In addition to this the rental of many of these houses is very low, and owners very naturally feel averse to spending perhaps a year's rent or even more on carrying out these improvements. Again, many of these houses are old and probably not worth spending the money on.

The objection as to cost to owners might be met, at any rate in part, by the adoption of Sec. 39 of the Public Health Acts Amendments Act of 1907, but the question of the older houses can only be dealt with when the arrears in new houses are caught up and passed.

1925.

SCAVENGING OF ASHPITS.

During the year 13,651 loads have been removed and disposed of as follows:—

	Loads.
To Destructor Works, Cleckheaton...	7391
To Destructor Works, Liversedge	2872
To the Council's Tip, at Gomersal	433
To the Council's Tip, at Scholes	216
To Farmers, on the Land	2739
Total Loads	13,651

A large amount of trade refuse is brought to the Destructor Works by tradesmen's own vehicles, and from neighbouring factories, more especially to the Cleckheaton Works, and it is estimated that the number so brought makes a total of 1,500 loads for the year.

The question of making a charge for the trade refuse so brought to the Works was considered by the Council, and they decided to make a charge of 1/. (One Shilling) per load. Such charge has now been in operation as and from the 1st of October, 1925, the term "load" being understood to mean such a quantity of refuse as would be contained in one of the Council's Ton Ford Motor Waggons.

1921—1925.

SCAVENGING OF ASHPITS, ETC.

The scavenging of the privies and ashpits is carried out by the Council, and four Ton-Ford Motor Waggons are employed continually on this work in the thickly-populated parts of the Districts, and the refuse so collected is dealt with almost entirely at the Destructor Works, situated at Cleckheaton and Liversedge.

There is a Meldrum refuse Destructor consisting of four cells, at Cleckheaton, and at Liversedge a Horsfall Destructor is in use, having two cells.

There are three men engaged with each Motor Waggon, including the driver, and in addition to the Motor Waggons, the Council hire team labour, for the outlying districts of Gomersal, Liversedge, and Oakenshaw, where the refuse is disposed of to farmers on the land as much as possible, and the remainder is taken to the Council Tips at Gomersal and Scholes. One of the Councils own workmen accompanies each of the hired carts, and these teams also attend to the cleansing of the cesspools, of which there are fourteen, which are cleansed by the Council.

During the inclusive period—1921-25—399 dust bins have been substituted for ashpits, and affecting approximately 399 dwelling-houses.

The cost of removal of the house refuse, which includes the trade refuse collected by the Council's own vehicles, and for which the tradesmen pay in accordance with the scale of charges fixed by the Council, works out approximately at 5/4¾ per load, which also includes the removal charges for the Oakenshaw Ward.

The cost of disposal at the Destructor Works, which includes all the refuse deposited there, works out approximately at 4/8½ per load, making a total cost for removal and disposal of £6,329.

Table XXIII. Meteorological Observations, 1925

	January	February	March	1st Quarter	April	May	June	2nd Quarter	July	August	September	3rd Quarter	October	November	December	4th Quarter	1925	1924	1923	
Barometer, Maximum ...	30·691	30·342	30·522	30·691	30·225	30·237	30·493	30·493	30·363	30·417	30·339	30·417	30·469	30·528	30·484	30 528	30 691	30·562	30·538	Inches
Minimum ...	28·979	28·599	29·485	28·599	29·375	29·141	29·917	29·141	29·471	29·677	29·249	29·249	28·574	29·183	28·743	28·574	28·574	28·579	28·663	Inches
Mean	30·1	29·538	30·123	29·933	29·797	29·755	30·167	29·906	30·006	29·977	29·921	29·968	29·854	29·913	29·663	29·81	29·904	29·861	29·873	Inches
Thermometer, Maximum ...	54	55	54	55	65	73	85·5	85·5	86·5	78·5	68·5	86·5	73·5	61·5	57	73·5	86·5	84	85	Degrees
Minimum ...	26	27	25·5	25·5	29	32·5	38	29	43·5	41·5	33.5	33·5	30·5	19	14	14	14	14	23	Degrees
Mean Daily ...	40·6	38·9	40·9	40·1	44·9	52·7	58·6	52·1	63·1	60·4	52	58·5	55·2	35·9	36	40·7	47·8	48·1	47·7	Degrees
Rainfall	2·56	3·95	1·14	7·65	2·15	4·16	·09	6·4	1·9	3·5	2·37	7·77	2·82	1·91	3·25	7·98	29·8	27·98	30·53	Inches
Days with ·01 inch	16	24	11	51	20	21	2	43	8	16	15	39	16	9	19	44	177	191	215	Days
Sunshine, Hours	20·75	66·5	73·5	160·7	109	106·7	167·5	383·1	130·25	95·5	92·2	317·9	87·5	44·5	25·7	157·8	1019·5	1106·6	873·5	Hours
Per Cent of Possible Sunshine ...	9·1	26·7	21·9	19·8	28·5	23·5	36·2	29·5	27·9	22·7	26·4	25·7	26·5	19·8	12·2	20·6	24·7	26·8	21·2	Per Cent
Sunless Days	16	4	5	25	2	2	2	6	2	6	4	12	7	11	19	37	80	89	87	Days

Table XXIV. RAINFALL SUNSHINE

	RAINFALL						SUNSHINE			
	1920	1921	1922	1923	1924	1925	1922	1923	1924	1925
January	3·17	4·83	3·11	1·45	1·86	2·56	13	33·6	25·9	20·75
February	2·94	·41	2·57	4·41	·86	3·95	36·5	35·9	34·1	66·5
March	1·9	1·49	1·89	1·61	1·26	1·14	38·7	59·9	103·1	73·5
April	3·49	·88	3·2	1·81	1·28	2·15	78·1	77·4	112·6	109
May	3·89	1·43	·98	2·94	4·05	4·16	157	93·75	122·25	106·7
June	2·02	·1	1·6	·68	2·08	0·9b	153	106·6	175·3	167·5
July	7·15a	·82	3·64	4·84	2·62	1·9	92·9	108·0	146·25	130·25
August	1·49	3·67	5·12	3·14	2·34	3·5	91·7	109·7	134·25	95·5
September	1·17	1·33	3·4	1·8	2·84	2·37	43·3	118·5	109·8	92·2
October	2·07	1·83	·88	2·12	3·64	2·82	41·25	78·4	70·25	87·5
November	1·96	2·07	1·31	3·32	2·63	1·91	27·3	27 9	37·5	44·5
December	3·05	4·12	3·61	2·4	2·51	3·25	34·75	23·6	35·3	25·7
Total	34·28	22·98	31·31	30·53	27·98	29·8	807	873·5	1106·6	1019·5

a—The wettest month in 17 years except September, 1918, with 7·8 inches.

b—The dryest month in 18 years.

Annual Rainfall for 20 years ...	30·15 inches
Dryest year, 1921	22·98 inches
Wettest year, 1912	39·97 inches

SANITARY INSPECTOR'S REPORT, 1925.

Visits to Premises Generally...	4961
,, ,, Slaughterhouses	1442
,, ,, Bakehouses	64
,, ,, Dairies and Cowsheds...	231
,, ,, Factories and Workshops	266
,, ,, Cases of Infectious Disease	88
,, ,, Offensive Trades	114
,, ,, Houses under the Public Health Acts ...	1316
,, ,, Houses under the Housing Acts	76
,, ,, Van Dwellings	3
Drains Tested	247
Informal Written Notices	253
Informal Written Notices complied with	173
Statutory Notices	10
Statutory Notices complied with	10
New Drainage Constructed during the year	1413 yards.
Smoke Obeservations taken	38
Disinfection—	
Cleckheaton, No. of rooms	27
Liversedge	54
Gomersal	5
Total	86
For Phthisis, Cancer, etc.	30
Total	116

NATURE OF NUISANCE.

	Found.	Remedied.
Offensive Privies to Convert to Water Closets	221	199
Offensive Box or Pail Closets to Water Closets	4	4
Defective Doors, Walls, and Seats to Privies ...	10	10
Dilapidated Dust Bins and want of same	36	32
Defective and Insufficient House Drainage ...	24	24
Defective Spouting, Fallpipes and Roofing ...	53	37
Defective and Damp Floors, Walls and Ceilings	31	23
Defective Doors, Windows, and want of cords to same	13	9
Defective external Walls and Chimneys	13	8
Defective Sinks and Untrapped Sink Waste Pipes	15	13
Defective W.C. Cisterns, Pans and Fittings ...	10	8
Blocked Sink, Yard and Rain Water Drains	45	45
Blocked Water Closet Drains	96	96
Blocked Street Gullies	31	31
Offensive smells, in Cellars, from Defective Drains	25	25
Untrapped Cellar Drains	4	4
Water in Cellars from Defective and Sub-soil Drainage	25	25
House Drainage requiring disconnection	11	11
House Drains not connected to Sewer	5	5
Dirty Condition of Houses	2	2
Insufficient Water Supply, Defective Fittings	3	3
Nuisance from Keeping of Animals	3	3
Blocked Sewers	2	2
Cowsheds to Limewash	23	23
Workshops to Limewash	5	5
Nuisances in Factories and Workshops	36	36
Miscellaneous Nuisances	11	11
Overcrowded Houses	2	2
Total	794	729

1921 — 1925.

SANITARY INSPECTION OF AREA.

NUMBER AND NATURE OF INSPECTIONS.

Visits to	1921	1922	1923	1924	1925
Premises generally	2726	3025	2975	2913	4961
Slaughterhouses	179	170	167	253	1442
Bakehouses	49	26	49	58	64
Dairies and Cowsheds	202	198	199	152	231
Factories and Workshops ...	125	145	117	174	266
Infectious Diseases	185	185	165	70	88
Houses under Public Health Acts	176	180	964	1170	1316
Houses under Housing Acts ...			34	89	76
Van Dwellings				14	3
Offensive Trades					

	1921	1922	1923	1924	1925
Informal Notices	213	242	240	249	253
,, Complied with ...	164	184	184	179	173
Statutory Notices	56	40	54	8	10
,, Complied with ...	19	22	16	6	10

SMOKE ABATEMENT.

Thirty-eight smoke observations have been taken during the year, but chiefly relating to such factory chimneys of which complaint may have been made as to an excessive amount of smoke being emitted therefrom.

In five instances the amount of smoke was in such quantity as to cause a nuisance, and the owners were cautioned and requested to be more careful in future.

One firm was served with a Statutory Notice, requiring the abatement of a smoke nuisance, the said notice expired in March, 1926.

1925.

OFFENSIVE TRADES.

Fish Fryers' Premises	48
Soap Boilers	2
Tripe Boilers	1

Four new premises have been opened during the year for the business of Fish Frying, and each one fitted with up-to-date frying pans. Two of the shops are new buildings entirely and built for the special purpose. The other two were adapted from existing buildings, and special attention was given to the drainage, and concrete floors being also insisted upon, during the alterations.

BAKEHOUSES.

There are 26 registered Bakehouses in the District, and these have all been visited periodically, and found to be in a clean condition, and the regulations as to limewashing complied with.

There are no underground Bakehouses in the District.

1921—1925.

OFFENSIVE TRADES.

In the year 1923 the Council framed a code of Byelaws for the Control of Offensive Trades within their District, and the said Bye-laws received the sanction of the Ministry of Health in September of the same year.

The business of a fish frier is now declared to be an offensive trade under the bye-laws, and also the trade of a rag and bone dealer.

No complaints have been received as to nuisances arising from any premises on which any of these trades are carried on.

In the Summer of 1922, however, serious complaints were made of a nuisance arising from an operation carried out at soap boilers, but not one used in connection with that business. Considerable difficulty was experienced in getting the nuisance abated, but eventually the plant was removed out of the district. A report of this case will be found in my Annual Report for 1922, page 35.

1925.

SLAUGHTERHOUSES.

The number of private Slaughterhouses in the District are 21, and 17 of these are registered premises, and 4 are licensed annually.

These premises have been kept under strict observation during the year, and the passing of the Public Health (Meat) Regulations, 1924, which came into operation on April 1st, 1925, has placed a large amount of extra duties upon your Inspectors, and to cope with this special work, an additional Inspector was appointed, at the end of April last.

The Assistant Inspectors, Mr. F. W. Marsden and Mr. E. Booth, have both obtained the qualifying certificate of the Royal Sanitary Institute for Meat Inspectors, during the year.

The butcher must now, in compliance with the Meat Regulations, give three hours' notice to the Health Department, of his intention to slaughter before commencement, and no carcase may be removed from the slaughterhouse until the expiration of three hours, unless it has in the meantime been examined by the Inspector.

It is a usual occurrence for the Inspectors to be called upon to inspect meat at the slaughterhouses, late in the evening or early morning, and also on Sundays, and no provision is made in the Regulations to prohibit Sunday slaughtering.

The Regulations are, however, a step in the right direction, and one for which Medical Officers and Sanitary Inspectors as a body have long contended, and although they may be still usefully amended, there is satisfaction in the fact that larger powers and facilities have now been given than heretofore in the inspection of meat in the private slaughterhouse, and which was almost impossible before, especially in a wide area like Spenborough.

No opportunity has been lost in making thorough examinations of meat whenever notice has been given, and a word of commendation is also due to the butchers for their loyalty and support of the Inspectors, in carrying out the required duties.

There have certainly been contentions over some of the inspections made, and the decisions arrived at, but it has been found possible to settle the matters in dispute in an amicable manner.

In one instance failure to give the required notice of intention to slaughter and which was persisted in, had to be reported to the Health Committee, and the delinquent was requested to appear before the Committee, pending legal proceedings. An apology and a promise of amendment was forthcoming, and the Committee decided to withdraw any further legal action.

Every consideration has been shown to those butchers who have had to slaughter in the private slaughterhouses by agreement with the owner, as they have had to work under difficulties for want of space, and it has not always been reasonably possible to work strictly to a time notice.

There is now every prospect that the new Public Abbatoir which is being provided by the Council at Headlands Road, Liversedge, will be ready for use, and occupation within the next few months, and the provision of an up-to-date Abbatoir will undoubtedly in time prove to be a real boon and an asset to the meat trade of the District by the facilities which it offers for the slaughtering of the meat under hygienic conditions hitherto unknown in Spenborough.

1925.

MEAT INSPECTION REPORT.

JANUARY 1st to DECEMBER 31st, 1925.

VISITS TO SLAUGHTERHOUSES.

Number of carcases inspected after the Public Health (Meat) Regulations came into operation, April 1st to December 31st:—

Beasts	1702
Sheep	2257
Calves	77
Pigs	1700
Total	5736

Meat surrendered and destroyed, January 1st to March 31st, before the new Regulations came into force: 6 cwts. 3 qrs. 14 lbs.

From April 1st to December 31st, meat surrendered for—

	Tons.	Cwts.	Qrs.	lbs.
Tuberculosis	4	9	1	6
Other Disease	0	13	0	13
Bruised Meat	0	2	1	6
Total	5	11	2	11

Other Foods Destroyed:—

	Cwts.	Qrs.	lbs.
5 Boxes of Black Grapes	0	2	4
2 Boxes of Pears	0	3	4
8 Tins of Corned Beef	0	2	0
Total	1	3	8

1925.

Detailed report of Tubeculosis found in Beasts and Pigs:—

Number of Beasts Inspected	1702
„ „ Pigs Inspected	1700
„ „ Beasts Affected	80
„ „ Pigs Affected	3
„ „ Carcases Totally Condemned	8
„ „ Part Carcases only Condemned	27
„ „ Organs only Condemned ...	48

	Localised and Limited to					Generalised and extending to					
Name of animal	One organ only	Several organs in same cavity	Organs of both cavities	Heads only	Total number of localised cases	Spleen	Kidney	Udder	Bones	Glands of Muscular System	Total of generalised cases
attle ...	41	1	29	1	72	8	8	8	3	6	33
igs ...				3	3						

The following statement will shew the amount of meat and unsound food destroyed during the period, 1921 to 1925:—

	Tons	Cwts.	Qrs.	Lbs.
1921	0	10	0	6
1922	0	15	0	6
1923	0	15	3	4
1924	0	8	0	17
1925	5	13	1	19

1925.

MILK SUPPLY.

The district has been well supplied throughout the year and no complaints have been received as to any milk of an inferior quality being sold, except in one instance, where a certain milk from a farm outside the district and being delivered within the Council's district, was found to be discoloured.

Information of this was at once given to the farmer concerned by a personal visit, and the Health Department for the district concerned was communicated with also.

Number of Cowkeepers	77
,, ,, Cowkeepers who are Registered	75
,, ,, Cowkeepers who are Milksellers	71
,, ,, Persons who are Purveyors only	19
,, ,, Milch Cows in the District	532
,, ,, Cowsheds	109

The limewashing of the Cowsheds is carried out twice annually, and notice to limewash was necessary in 23 instances, otherwise the general cleanliness of the premises and milk receptacles has been fairly well attended to.

Improvements have been carried out in the lighting, ventilation and drainage of 3 cowsheds, and one new cowshed has been built, and another shed partly re-built.

No application for a licence for the production of milk under the Milk (Special Designations) Order, 1924, has been received during the year. Such milk is neither produced or sold in the district.

1925.

FACTORIES AND WORKSHOPS.

The special visits made to these premises are as follows:—

Visits to Factories	64
„ „ Workshops	121
„ „ Workplaces	8

Defects found:—

Want of Ventilated Intervening Space to Factory W.C.'s.	5
Factory W.C.'s Improved	4
Privies Converted to W.C.'s	4
Pail Closets Converted to W.C.'s	6
Blocked W.C. Drainage	3
Bakehouse W.C. Ventilated	1
Defective Drainage	1
Offensive Smells in Factory	1
New W.C.'s put in Workshops	2
Workshops to Limewash	3
Smoke Nuisance	5
Nuisance from Burning Refuse Tip	1
Total	36

OUTWORKERS.

No lists of Outworkers have been received during the past year.

1925.

The undermentioned Schools were also disinfected during the year:—

Whitcliffe Road School, Cleckheaton.
South Parade School, Cleckheaton.
St. Luke's Mixed School, Cleckheaton.
Hightown Council School, Liversedge.
Millbridge National School, Liversedge.
Norristhorpe Council School, Liversedge.

The sanitary conditions of the Schools are dealt with in the School Medical Officer's Report, pages 8 to 15.

HOUSING.

There cannot be said that there is a shortage of houses in Spenborough to any great extent. At the time of the Census in 1921, there were 7,962 private families in the district, and to accommodate which there were 7,873 separate private houses. Since then 276 houses have been erected, of which 173 were built by the Local Authority. It would appear from these figures that the arrears had been caught up and even passed, but it is doubtful if this is so. It seems that at the time of the census that a considerable number of young married people, unable to get a house of their own, lived with the parents of one or other. In the returns there apparently have been counted as one family, and it is only where two totally different families with different names have been living in the same house that that house has been credited with two families.

As stated above there has been considerable activity in the erection of houses by the Local Authority, and a good number of houses have been built by private enterprise.

OVERCROWDING.

The estimation of overcrowding in the district is a difficult matter, it undoubtedly does exist, and its cause is largely the smallness of the houses in terms of the number of rooms in each. At the time of the Census, 68 per cent. of the houses in the district contained three rooms only or less, and only 6 per cent. had more than five rooms. Seventy-one per cent. of the private families occupied these small houses. The population comprised by these families was 19,883 and the number of the rooms in the houses was 13,383. The number of persons, therefore, occupying each room was about 1.5.

The number of cases of actual overcrowding where there was less than 300 cubic feet of air space or each adult in the bedrooms, and less than 150 cubic feet for each child under ten have been very few. The rooms, in these small two and three-roomed houses are usually fairly large, and consequently there is sufficient air space to prevent definite overcrowding. Conditions in many of these houses are nevertheless very bad owing to the small number of separate rooms. 138 families of 6 occupied houses with only two rooms, and 154 families of seven had houses with only three rooms. In eleven cases there were families of 10 in two rooms, and in three cases there were families of thirteen in three rooms.

Such cases are deplorable, separation of the sexes is impossible, and the ordinary decencies of life must be entirely absent. In cases of infectious disease and particularly in cases of Tuberculosis, any isolation of the patient is out of the question.

These conditions should be improved as more houses are built, and the demand becomes less. It will then be possible to insist on persons with large families finding more accommodation.

FITNESS OF HOUSES.

Generally speaking, many of the older houses in the district cannot be said to be in a satisfactory condition. The chief defect is dampness, owing to defective roofs, guttering and fall pipes, and also to the absence of damp-proof courses. The small average number of rooms has been mentioned above, and the large percentage of houses still using the Conservancy System has also been dealt with.

Many of the houses are dark owing partly to a deficiency in window space, and also in many cases that some of the streets are too narrow. Ventilation is often defective, principally in the back-to-back houses, of which there are a considerable number.

These defects do not of course refer to recently-built houses.

The defects are for the most part structural, but a certain amount of the dampness is caused by neglect of the property. Property owners, however, for the most part, appear ready to carry out repairs to remedy this and other conditions when they were brought to their notice by the Authority. But few difficulties have been met with in getting this type of work carried out. In only one case during 1925 was it necessary to take the matter to court, though this was a particularly bad one, There appears to be no reason to think that there is any widespread wilful damage to owners' property by tenants.

Water supply, closet accommodation and refuse disposal have been dealt with earlier in the Report.

BYE-LAWS.

There are bye-laws relating to Common Lodging Houses, and Houses let in Lodgings, but there are no premises of this description in the district at the present time. There are no bye-laws relating to tents, vans, &c.

UNHEALTHY AREAS.

No complaints have been made or action taken during the year with regard to unhealthy areas in the district.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of new houses erected during the year:—

(a) Total (including numbers given separately under (b): 127).

(b) With State assistance under the Housing Acts:—

(i) By the Local Authority 70.

(ii) By other bodies or persons 57.

1. Unfit dwelling-houses.

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts): 25.

(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925: 10.

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation: nil.

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation: 25.

2. Remedy of defects without Service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers: 20.

3. Action under Statutory Powers.

A.—Proceedings under section 3 of the Housing Act, 1925: nil.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs: nil.

(2) Number of dwelling-houses which were rendered fit after service of formal notices:—

(a) By owners: nil.

(b) By Local Authority in default of owners: nil.

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close; nil.

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied: nil.

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—

(a) By owners: nil.

(b) By Local Authority in default of owners: nil.

C.—Proceedings under sections 11, 14 and 15 of the Housing Acts, 1925, nil.

(1) Number of representations made with a view to the making of Closing Orders: nil.

(2) Number of dwelling-houses in respect of which Closing Orders were made: nil.

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit: nil.

(4) Number of dwelling-houses in respect of which Demolition Orders made: nil.

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders: nil.

INDEX

Acts and Orders in force 32
Ambulance Facilities 30
Ante-Natal Centre 58
Anterior Poliomyelitis 45

Bacteriological Reports 50
Bakehouses 70
Births 10
Bye-laws... 33

Cancer 21
Chemical Work 31
Child Welfare Centres 55
Clinics and Treatment Centres 30
Crossley Hospital... 51

Deaths 12, 15
Dick Test 45
Diphtheria 21, 42, 50
District Council, Members of 2
Drainage and Sewerage 62
Dried Milk, Supply of 57

Encephalitis Lethargica 45
Enteric Fever 19, 43, 50
Erysipelas 44

Factories and Workshops 75

General Consideration 6

Health Committee, Members of 3
Health Department, Staff of 4
Heart Disease 21
Home Nursing 31
Hospital Accommodation 28
Hospital Boards, Representatives on ... 4
Housing 76

Infant Feeding 53
Infantile Mörtality 22
Infectious Disease 34, 51
Inquests 14

Malaria 45
Maternity and Child Welfare 52
,, ,, ,, Committee ... 3
Meat Inspection 72
Meteorological Report 66a
Midwives 31
Milk Supply 74

Notification of Births Act 52
Nuisances 68

Offensive Trades 70
Ophthalmia Neonatorum 45, 54, 56
Orthopœdic Work... 56
Outworkers 75
Overcrowding 51, 56

Pneumonia 43
Poor Law Relief 10
Population 8
Privy Conversions... 63
Puerperal Fever 21, 50

Respiratory Diseases 21, 24
River Polution 62

Sanitary Inspector's Report 67
Scarlet Fever 21, 41, 50
Scavenging 65
Schick Test 45
Slaughter Houses... 71
Smallpox 41
Smoke Abatement... 69
Spenborough, General Details 8

Tuberculosis 45, 50

Unhealthy Areas 78

Vital Statistics 10
Vital Statistics, Quarterly Summary of ... 27

Water Supply **61**

Zymotic Diseases, Deaths from 13
Zymotic Enteritis... ... ... 24, 44

SPENBOROUGH EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year

1925

John Siddall, Printer, Spenborough Press, Cleckheaton

Education Committee

Chairman - Councillor REGINALD M. GRYLLS

Vice-Chairman - - W. GOODALL, Esq.

Councillor T. E. BARNES
,, G. BLACKBURN
,, J. S. BRYAN
,, J. H. COLLIER
,, A. FELL
,, H. HAYS
Miss JACKSON
Mrs. H. S. ATKINSON
Mrs. F. COOPER
Mrs. GRYLLS
Miss FENTON

Councillor T. ELLIS
,, HERBERT HIRST
,, E. RAMSDEN
,, G. S. TAYLOR
,, A. WOOD
H. E. JARMAN, Esq.
FRANK T. SOBEY, Esq.

School Medical Officer
LAWRENCE PICK, M.R.C.S., L.R.C.P., D.P.H.

Surgeon to Nose and Throat Clinic
W. R. E. UNTHANK, M.D., F.R.C.S.

Dentist - A. L. HYSLOP, L.D.S.

Radiographer - T. O. HELLIWELL, M.R.C.S., L.R.C.P.

Director of Education
J. W. H. BURY, Esq.

School Nurses
Miss E. M. FIRTH, Certif. C.M.B.
Miss P. W. HOLMES, Certif. C.M.B.
Miss E. M. McLEOD, Certif. C.M.B.
Miss F. H. WILLIAMS, Certif. C.M.B.

Clerk - Miss M. FURNESS

SPENBOROUGH EDUCATION AUTHORITY.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

To the Chairman and Members of the Education Committe

LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report of the School Medical Service for the year 1925, being the sixth report of the series.

A special report will be found this year on the Sanitary Conditions of the schools, a report which has been omitted during the last three years owing to lack of space.

The report is planned on the whole according to the suggestions of the Board of Education and the Special Statistical Tables dealing with the School Medical Service as a whole will be found grouped at the end of the report.

Routine School Medical Inspection has been carried on throughout the year, and it will be noted that a much larger number of children have been examined this year than in any previous year except 1921. This was due to the fact that in the early part of the year it was suggested by the Board that the age of examinations for Intermediates and Leavers should be advanced by six months. This entailed the examination in 1925 of half the Intermediate and Leaver Group that would have been due for examination in 1926, thus increasing the total number examined very materially.

The findings at Routine Medical Inspections were very much on a par with those of previous years, and it may be of interest to compare the conditions found in 1925 with those of 1921, the first year since Medical Inspection of School Children was re-started in Spenborough. The number of children inspected at Routine Examinations was substantially the same in both years, and the total number of defects found was also the same almost exactly. But there was a very definite decrease in the number of defects that had to be referred for treatment in 1925 compared with 1921. In the latter year there were found 35 defects among each hundred children that needed treatment, whereas in 1925 only 28 such defects were found in the same number of children. This is a decrease of about 20 per cent. It is to be hoped that this very satisfactory decrease will be maintained. The corresponding increase amongst the defects referred for observation only is largely accounted for by the fact that in 1921 only Marked cases of deformity due to old Rickets were noted, whereas, last year **ALL** cases of this disease were counted. There was, therefore, an increase of 150 per cent. of cases of Rickets.

The comparative findings of certain other groups of defects are interesting. There is a decided decrease on the relative number of cases of Enlarged Tonsils and Adenoids. This is due in part at any rate to the fact that during the past four years nearly 200 school children have been operated on at the School Clinic for these conditions. The majority of these have been in the Infants' Departments or lower standards of the mixed Schools and consequently many children who were examined as Infants or Intermediates in 1921, and found to have Enlarged Tonsils have again been inspected in 1925 as Intermediates or Leavers and found to be free from this condition.

DEFECTIVE VISION on the other hand shows a slight increase, and it is found that about one child in five has subnormal vision, a very high proportion, though one that is not confined to Spenborough. Many cases of defective vision were slight, but 9 per cent. of the children examined were referred for treatment.

CLEANLINESS, particularly, the presence or absence of Nits and Pediculi in the hair is an ever-present anxiety to a School Medical Staff. I am sorry to say that 1925 does not compare favourably with 1921 in this respect as about two per cent. more children were found with Nits in their hair. This is disappointing, but is not quite so bad as it looks at first sight. In the first place the standard now set is absolute freedom from Nits while formerly a child with just a few Nits scattered about was passed. Secondly, the vast majority of children who have Nits have comparatively few. Bad cases are rare, probably I have not seen a dozen during the year, and very bad cases where the hair is matted, almost unknown now.

Full details regarding the above findings will be found in the body of the report.

The Inspection of Special Cases referred by the Nurses, Head Teachers, and occasionally by parents, was carried out at all Routine Inspection visits and at the clinic.

By means of these Special Inspections many defects are brought to light that would otherwise remain undiscovered until the next Routine Examination of the child. This is particularly true of Enlarged Tonsils and Adenoids, Defective Vision and Skin Diseases, of which 138 were found to require treatment.

Re-Examinations are made at all visits to Schools of children found to be defective at previous examinations.

A certain type of parent is still in existence who refuses to allow their children to receive necessary treatment. The number who definitely refuses is not large, but a considerable number persistently refuse to submit their children for treatment and ignore all advice on the matter. The refusals usually refer to operations for Enlarged Tonsils and Adenoids, Defective Vision and occasionally to discharging ears. In the case of the latter defect there seems to be the belief of some parents that the discharge is of the nature of a safety valve and that if stopped will do the child considerable harm.

About 60 per cent. of the children advised to have operative treatment for Enlarged Tonsils and Adenoids were operated on for these conditions and sixty-five per cent. of those advised to obtain treatment for Defective Vision presented themselves for treatment. These figures are about the same as in the previous year, and I think can be considered very satisfactory.

The attendances at the Dental Clinic have again been satisfactory, as nearly 65 per cent. of those notified to attend for treatment did so. It will be seen therefore that, considering the three chief defects found at School Medical and Dental Inspections, namely. Defective Vision, Enlarged Tonsils and Adenoids and Defective Teeth, three children out of every five found to require treatment obtained it, and that without any very great pressure being put on their parents. This, coupled with the fact that nearly 90 per cent. of the children can be classified as being clean, speaks well for the parents of Spenborough though there is of course still much room for improvement.

The Nurses continue to visit the schools each week for the treatment of minor ailments. The number of children seen and treated by the School Nurses shows a reduction of about ten per cent. This reduction is accounted for by a great reduction in minor injuries, and a considerable reduction in the number of cases of sores. While there was 266 fewer children attended to there were 1,132 fewer ailments to deal with.

The most discouraging detail of the School Medical Service has been the treatment of Ringworm by X-Rays. The majority of parents absolutely refuse to allow their children to be treated by this means and consequently children attacked are out of school for months at a time instead of for a few weeks. This mental outlook with regard to X-Ray treatment of Ringworm appears to be allied to that which refuses to admit vaccination as a protective against Small-Pox and which has resulted in about 80 per cent. of the children in the Infant Schools being totally unprotected against this loathsome disease.

Mr. Adderley, having resigned at the end of 1924, Mr. A. L. Hyslop, L.D.S., took up his duties as School Dentist, jointly with Batley, in January.

The Statistical Tables at the end of the report refer only to those children seen, examined, and treated by myself personally. Details of the treatment carried out by the nurses, and of other matters referred to above are given in the body of the report.

I regret that owing to pressure of Routine work, it has not been found possible to conduct any special investigations during the year.

With the exception of a very sharp but fortunately short-lived epidemic of Measles in the Spring that has not been an undue amount of Infectious Disease amongst School children. There was rather more Scarlet Fever, the previous year having been exceptionally free, very much less Mumps, and only one case of Diphtheria.

There were no changes during the School Medical Staff during the year, and I have again much pleasure in recording my satisfaction with the way in which the School Nurses have carried out their duties.

I have again to express my thanks to Mr. J. W. H. Bury, Director of Education, for his co-operation and ready help in enabling me to carry out my duties as School Medical Officer with the minimum of disturbance to school work, and also to my clerk for the preparation of certain of the tables in this report.

I am,

Ladies and Gentlemen,

Your obedient servant,

LAWRENCE PICK.

SCHOOLS.

Details of Sanitary Conditions.

Spenborough is a district of some 32,000 inhabitants and consists of a town, Cleckheaton, with a population of about 12,000 and various villages of varying size scattered about the rest of its 5,000 acres. This arrangement of the population entails the provision of more schools to accommodate its school population of about 4,800 than would be the case if the population were more concentrated.

There are eighteen schools altogether, ten of which are provided and eight non-provided schools. Five are single department schools, and the other thirteen have two departments each, an upper mixed and an infants' department. Of the single department schools three are upper mixed schools, one an infants' school, and one a school for upper mixed and infants.

In three of the two department schools mixed and infants department are in separate buildings.

The accommodation provided is for 6,221 children, calculated on the basis of nine square feet of total floor space per child, but in point of fact the actual available accommodation is considerably less.

On the 31st March, 1925, there were 4,870 children on the registers, 3,557 in the Mixed Schools, and 1,313 in the Infants' Departments.

The accommodation varies greatly in different schools, ranging from 224 at Roberttown National School to 537 at Millbridge Council School. In the single department Schools, the accommodation varies from 123 at Knowler Hill Infants' to 345 at Great Gomersal Mixed and Infants' School. The numbers on register in March varied from 161 at Roberttown Council to 496 at Millbridge Council, and in single department Schools from 79 at Knowler Hill to 240 at Great Gomersal.

The Schools are mostly of an old type, particularly the non-provided schools, but two of them, Millbridge Council and Gomersal Council are very good up-to-date schools.

Generally speaking, throughout the district, cloak room accommodation is insufficient. There is usually not enough room for the number of garments, and there is no provision for drying out-door clothes on wet days.

The Lavatories and Urinals are in the majority of cases adequate, but of an old type. In my opinion, the greatest defect is the total lack of such accommodation for the teaching staff, except at Gomersal Council School. Washing accommodation is insufficient, and with basins of an old type in most of the non-provided schools, but in provided schools this has recently been brought up-to-date.

Artificial lighting is very inadequate in many of the schools, but this matter is at present engaging the attention of the Education Committee. Natural lighting is fairly adequate in most of the schools, but might be improved in some of the older ones.

The Playground accommodation is good and sufficient in most cases, but in some of the non-provided schools the conditions are faulty and even positively dangerous.

The following table sets out the particulars of each school with respect to Accommodation. Heating, Ventilation, Washing and Sanitary Accommodation.

Table I.

School	Rooms	Accom	On Roll	Heating
Gomersal Council M	4	250	234	Hot Water Pipes... ... ...
,, I.	3	90	90	Hot Water Pipes, Fire in Babies Room
Gt. Gomersal M. & I.	6	345	240	Hot Water Pipes, Fire in Babies Room
Hightown Council M	5	218	198	Hot Water Pipes, Radiators ... ...
,, I.	4	186	106	Hot Water Pipes. Radiators ... ...
Hightown Nat. M.	4	203	188	Hot Water Pipes, Radiators ... ...
Knowler Hill ... I.	2	123	79	Hot Water Pipes, Fire in Babies Room
Littletown ... M.	5	348	189	Hot Water Pipes, Radiators ... ...
,, ... I.	3	158	87	Hot Water Pipes, Fire in Babies Room
Millbridge Coun. M.	7	360	362	Hot Water Pipes, Radiators ... ...
,, I.	3	177	134	Hot Water Pipes... ... ...
Millbridge Nat. M.	5	223	209	Hot Water Pipes, Radiators ... ...
,, I.	2	105	93	Hot Water Pipes and Fires ... ...
Moor End ... M.	4	257	204	Hot Water Pipes, Radiators ... ...
,, I.	3	148	79	Hot Water Pipes, Fire in Babies Room
Norristhorpe ... M.	6	195	204	Hot Water Pipes, Radiators ... ...
,, I.	3	214	83	Hot W. Pipes, Radiators (in Babies Rm)
Oakenshaw ... M.	6	287	192	Hot Water Pipes, Radiators ... ...
Roberttown C.... M.	3	125	105	Hot Water Pipes... ... ...
,, I.	2	117	56	Hot Water Pipes... ... ...
Roberttown Nat. M.	3	144	120	Hot Water Pipes... ... ...
,, I.	2	80	54	Hot Water Pipes... ... ...
St. John's ... M.	6	308	303	Hot Water Pipes, 2 Rooms, Hot Air ...
,, ... I.	3	138	145	Hot Water Pipes, Radiators ... ...
St. Luke's ... M.	4	195	168	Hot Water Pipes... ... ...
,, ... I.	3	181	93	Hot Water Pipes... ... ...
Scholes ... M.	4	202	187	Hot Water Pipes, Two Fires ... ...
,, ... I.	3	135	83	Hot Water Pipes, One Fire ... ...
South Parade ... M.	4	200	170	Hot Water Pipes, Radiators ... ...
Whitcliffe Road M.	7	319	284	Hot Water Pipes... ... ...
,, I.	3	170	131	Hot Water Pipes... ... ...

Ventilation	Washing	Sanitary Conveniences
Windows, Hoppers, Roof Ventilation	11 Basins	11 W.C. and Urinal
Windows, Hoppers, Roof Ventilation		With Mixed Girls Urinal for Boys
Windows, Tobin Tubes	6 Basins	6 W.C. and Urinal
Windows, Hoppers, Roof Ventilation ...	4 Basins	9 W.C. and Urinal
Windows, Hoppers, Tobin Tubes ...	3 Basins	4 W.C. and Urinal
Windows, Hoppers	5 Basins	11 W.C. and Urinal
Windows, Roof Ventilator	1 Basin	3 W.C.
Windows, Roof Ventilators	6 Basins	9 W.C. and Urinal
Windows, Hoppers, Roof Ventilator ...	3 Basins	With Mixed Girls Urinal for Boys
Windows, Tobin Tubes, Roof Ventilators..	8 Basins	8 W.C. and Urinal
Windows, Hoppers, Roof Ventilation ...	6 Basins	6 W.C. and Urinal
Windows, Hoppers, Roof Ventilation ...	6 Basins	13 W.C. and Urinal
Windows, Hoppers	3 Basins	With Mixed Girls Urinal for Boys
Windows, Hoppers, Roof Ventilators ...	7 Basins	10 W.C. and Urinal
Windows, Hoppers, Roof Ventilators ...	3 Basins	With Mixed Girls Urinal for Boys
Windows, Roof Ventilator	6 Basins	8 W.C. and Urinal
Windows	3 Basins	4 W.C. and Urinal
Hoppers, Roof Ventilation, Tobin Tubes..	6 Basins	9 W.C. and Urinal
Windows, Roof Ventilator	6 Basins	5 W.C. and Urinal
Windows	2 Basins	With Mixed Girls
Windows	4 Basins	7 W.C. and Urinal
Windows	2 Basins	With Mixed Girls Urinal for Boys
Windows, Roof Ventilator	5 Basins	9 W.C. and Urinal
Windows, Hoppers, Roof Ventilators ...	1 Basins	2 W.C.
Windows, Hoppers, Roof Ventilators ...	2 Basins	8 W.C. and Urinal
Windows, Roof Ventilator	4 Basins	6 W.C. and Urinal
Hoppers, Windows	1 Sink	6 W.C. and Urinal
Windows	2 Basins	With Mixed Girls Urinal for Boys
Hoppers, Tobin Tubes, Roof Ventilation...	4 Basins	11 W.C. and Urinal
Windows, Hoppers, Roof Ventilation ...	5 Basins	8 W.C. and Urinal
Windows, Roof Ventilation	5 Basins	With Mixed Girls Urinal for Boys

GOMERSAL COUNCIL SCHOOL. — A Mixed School of two Departments, Provided. This is one of the best schools in the district, and is also the newest. No adverse comments are necessary in any respect.

GREAT GOMERSAL.—A single Department School for Boys, Girls and Infants. Non-Provided. A fairly good school. The washing basins are of the old type and need modernising. The lavatories are of an old type, but fairly efficient. The floor in the babies' room is very bad. Artificial lighting is electric.

HIGHTOWN COUNCIL.—A Mixed School of two Departments. Provided. A good school on the whole, except that in some of the classrooms the natural lighting is poor, and generally, artificial lighting needs improving.

HIGHTOWN NATIONAL.—A single Department School for Upper Boys and Girls. Non-Provided. An old type of school. The lighting in two classrooms is insufficient. The w.c.'s are of an old brick type, and the washing accommodation is insufficient.

KNOWLER HILL.—A one Department School for Infants'. Provided. This is a temporary school. The babies room is a bad one with poor natural lighting. The school usually has a somewhat musty smell, and the heating arrangements are unsatisfactory.

LITTLETOWN.—A two Department School for Mixed and Infants'. Provided. This school is in very good condition, the only defect being that the artificial lighting is poor.

MILLBRIDGE COUNCIL.—A two Department School for Mixed and Infants. Provided. A very good modern school with no marked defects.

MILLBRIDGE NATIONAL.—A two Department School for Mixed and Infants. Non-Provided. The natural lighting is poor and artificial lighting bad. Ventilation is poor, especially in the Infants' Department which is badly overcrowded, the main classroom being quite insufficient for the number of children to be accommodated. This room should be at least twice the size it is. Playground space is insufficient.

MOOR END.—Two Department School for Mixed and Infants. Non-Provided. The building and site are both unsuitable and out-of-date. The lavatories are of an old type, though adequate. The ventilation of the babies' room is bad, the room being too small. The playground is very bad.

NORRISTHORPE.—A two Department School for Mixed and Infants. Provided. There is one small room which is quite unsuitable for a classroom, the lighting and ventilation both being very bad. There has been considerable trouble with the flushing of the closets, but this appears to have been rectified. The Infants' Department is in good condition.

OAKENSHAW.—A one Department School for Mixed Upper Children. Provided. The condition of this school is good, except that the water closets are flushed on the tippler system. The water for the girls' closets is waste water from some cottages in the rear of the school, and at certain times of the year this is deficient, and consequently the closets are at time insufficiently flushed.

ROBERTTOWN COUNCIL.—A two Department School for Mixed and Infants. Provided. The condition of this school is satisfactory, except that the arrangement of the water closets needs alteration.

ROBERTTOWN NATIONAL.—A two Department School for Mixed and Infants. Non-Provided. The site of this school is bad, being adjacent to and below the level of the churchyard. One of the classrooms is badly lighted, and the whole of the artificial lighting is bad. The lavatories require reconstruction and the playground is in bad condition.

ST. JOHN'S.—A two Department School for Mixed and Infants. Non-Provided. In the mixed school the lighting and ventilation and arrangement of the classrooms is bad. Owing to over-crowding adequate cleaning of classrooms is impossible. The heating system—a combination of hot water and hot air—is very expensive though satisfactory in other ways. The gas lighting is very defective. The cloakrooms are unguarded, with insufficient space and no drying accommodation.

The roof is defective in several places. The lavatories are very bad and should be condemned. The boys' urinal has no water supply for flushing, and is inadequate in other ways. The flooring in some of the classrooms is bad, and the lighting in one of the rooms is from the right and very inadequate. Playground space is quite insufficient. In the Infants' School the floors are bad, and artificial lighting very inadequate. There is only one wash basin for the whole school, and that is in a classroom. The cloak room is in the porch and is grossly overcrowded. There is no method of drying wet clothes or preserving a reasonable space between various garments. The water closets are in a bad position in relation to the classrooms.

ST. LUKE'S.—A two Department School for Mixed and Infants. Non-Provided. The mixed school is in a bad condition. The roof and gutterings are defective and the building is damp. The ventilation is defective. There are only two lavatory basins for the whole school and these are placed in passages which also serve as cloak rooms and which are very damp and unsuitable in every way. The playground is in a bad condition, and the flushing system of the lavatories is very defective. The Infants' School is a good building on the whole, but the heating system is defective; the school often being very cold. Complaints are made that the floors are polished for dancing at week-ends with the result that children are unable to keep their feet in school. The playground is in a very bad condition, and is, in my opinion, positively dangerous in places for small children.

SCHOLES.—A two Department School for Mixed and Infants. Non-Provided. The lavatory accommodation at Scholes is not good. The flushing is on the Tippler System, and the supply to the boys' closet is most inadequate. There are no wash basins at the mixed school; there being one sink to supply this need. The ventilation of one of the classrooms in both mixed and infants' school is very bad. The playground is in urgent need of repair, being extremely dangerous in places.

SOUTH PARADE.—A one Department School for Mixed Upper children. Provided. This school is on the whole a good one. The artificial lighting needs improvement, and the water closets are in a bad position at the bottom of a slope which causes them to be damp.

WHITCLIFFE ROAD.—A two Department School for Mixed and Infants. Provided. This is a very good school on a very bad site. It is adjacent to an iron foundry, resulting in drains getting periodically blocked by factory refuse. The lavatory accommodation is insufficient and bad, chiefly owing to the above-mentioned cause. The playground is very insufficient; this school being probably the worst equipped of any school in the district in this respect. The lighting of the infants' school is extremely bad, the school being situated underneath the mixed school.

CO-ORDINATION OF HEALTH SERVICES.

The School Medical Service, in common with the other health services of the town, are carried on in one department, the School Medical Officer being also Medical Officer to the Maternity and Child Welfare Centre. The School Nurses also act as Health Visitors, each one having approximately one-fourth of the district assigned to her.

All records of children visited under the Notification of Births Act are transferred, when the child reaches the age of one year, to a "home visiting card." The child will then be visited at regular intervals until he arrives at school age, when any important records will be transferred to the school medical inspection card. By this means it will be possible to have, in the majority of cases, a complete medical record, so far as the public services are concerned, of the children in the area.

A Baby Clinic was opened at the same time as the School Clinic, and children of over twelve months and under school age are admitted, when necessary, for treatment of minor ailments, etc., to the School Clinic.

With regard to the home visiting of the last-named class of children, it is intended that at least one routine visit per year will be paid to each one. If the Nurse considers that further visits or other action is needed, she will act accordingly. In all cases an attempt will be made to induce parents to call in their own medical attendant rather than to rely on the Clinic.

MEDICAL INSPECTION.

All the schools are visited regularly for the purpose of medical inspection. It is found that it is sufficient to visit most of the schools once a quarter, but some of the larger schools are regularly visited eight times in the year, Before the beginning of the year a notice is sent to the head teacher of each school intimating the dates and times at which his or her school will be visited for medical and dental inspection. A few days before the visit is to be made a reminder is sent, together with the invitation cards to the parents of the children who are due for examination. The head teacher then arranges the exact time at which each child is to be examined, and notifies the parents accordingly.

AGES OF EXAMINATION.

The age groups at which the children are examined follow as closely as possible the schedule of the Board of Education, viz. (1) On entry; (2) Intermediate group, aged 8-9; Leaver group, aged 12-14.

Practically all children in the Spenborough Schools have now been examined at least once, and a large number twice. The arrears that had accumulated owing to there being no Medical Inspection for six years have now been cleared off.

A considerably larger number of children have been examined this year than usual. This was due to a suggestion made by the Board of Education in the early part of the year that all children who were between 7 and 8 and 11 and 12 on the first of January were to be examined during the current year. This was equivalent to putting the age of examination forward by six months and entailed examining the intermediates and leavers who would have been examined in the first six months of 1926 during 1925. The Board's suggestion was acted on at once, but towards the end of the year the previous ages for examination were reverted to: consequently during the current year there will be many fewer examinations than normal.

Owing to the fact that no medical inspection took place from 1914 till October, 1920, a large number of children still at school missed the first or second, or both the first and second examinations, but it has been found possible to examine nearly all the children who would, under normal conditions, have been due for examination in 1920 to 1923, and by the end of the present year there will be no children who have not been examined.

All children due for examination in the Intermediate and Leaver groups during 1924 were examined, except a very few who happened to be absent from school on the date of the last inspection of the year. The position with regard to the entrant group is not nearly so satisfactory. Until the end of 1923 it was usual to postpone the inspection of entrants until they reached the legal school age of five years. At the beginning of 1924, however, the Board of Education intimated their desire that all entrants should be examined immediately on entry, no matter what their age. This has accordingly been done, or rather an attempt has been made to carry out the instructions of the Board. But the arrears in the infants' inspections are very considerable. Children are admitted to the Infants' Departments at the age of 3, and in some schools the distances these children have to come is considerable, and consequently, in cold, wet weather, they do not attend. Again, many of these small children only attend for half the day. Consequently a large number of entrants are missed over and over again, and on more than one occasion two-thirds of the entrants due for inspection have been found to be absent.

The only children who are examined at ages other than the above are those who are entered in Spenborough schools after having been at school in other districts. These children are examined immediately on admission. Head teachers are invited to bring to the School Medical Officer's notice any case of defect of which they may become aware. The cases are dealt with as "specials" at the time of routine examination.

It is inevitable in the style of schools that exist in Spenborough that a certain amount of disturbance of school routine must take place. In most of the schools it is necessary to utilise one of the classrooms for the examination, and this naturally means that accommodation for the children displaced must be found in another classroom, thus causing a certain amount of overcrowding. In two schools the headmasters have a private room which they very kindly place at my disposal. In six others, namely, Whitcliffe Road, St. John's, St. Luke's, Hightown National, Scholes, and Oakenshaw, accommodation has been arranged for outside the school for purposes of medical inspection.

The head teacher, having been supplied with a list of children to be examined, is able to send them in in order, and, consequently, the minimum amount of time is wasted by each child, the minimum amount of time away from class being probably less than a quarter of an hour.

My best thanks are due to the teachers for their co-operation in this matter.

On reference to Statistical Table I. at the end of the report it will be seen that 2,068 children were inspected at the routine examinations. This is rather more than in 1924, for reasons stated above.

FINDINGS AT MEDICAL INSPECTION.

MALNUTRITION.

The children attending the Public Elementary Schools are well nourished on the whole. Out of the 2,068 children inspected at the routine examination 19 were noted as being "poorly nourished," and it was not found necessary to class any as "badly" nourished. This gives a percentage of .9 sub-normal children, a rather larger percentage to that in 1924.

It should be noted that only those cases showing definite signs of malnutrition are noted, and not those that are merely thin. The degree of nutrition is somewhat difficult to estimate, and is apt to vary with different examiners. Probably a formula comprising height, weight and chest expansion would give a more scientific result than mere observation.

CLOTHING AND FOOTGEAR.

The children seen were for the most part well clothed and efficiently shod. In some schools it was not found necessary to note a single child as being deficient in this respect, or whose clothes were dirty or ragged. A large number of the children wear clogs, which, though very noisy, are greatly superior to inferior boots.

The number of children with dirty, ragged clothes and insufficient footgear is the same as in the previous year. A certain amount of latitude is allowed before clothes and boots are classed as defective, and only clothes that are definitely dirty, ragged or insufficient, and boots that are obviously not waterproof, are noted.

Twelve children were noted as having dirty or insufficient clothes, and 25 as having unsuitable boots or shoes. In addition, eight were recorded as having both clothes and boots defective.

It is noteworthy that out of the 45 children who were found to be defective in this respect, 33 were attending Liversedge schools; the worst school in the district being Norristhorpe with 10 cases. Only 14 of these children were attending non-Provided Schools.

It must be borne in mind, however, that the parents of all children to be examined are notified of the fact, and that 70 per cent. of the parents attend. It is food for thought as to how many children would be found with defective clothes and boots and dirty bodies if no such notice were given. At the same time there can be no doubt that the general personal appearance of the elementary school children in most, if not all, the schools has increased greatly during the past few years. This personal observation is borne out by reports from the School Nurses.

UNCLEANLINESS.

268 children were found to be suffering from uncleanliness of the head or body in one form or another, giving a percentage of 13, a decrease of 3.6 on 1924.

The majority of the defectives were girls suffering from nits in the hair. A few had pediculi, and a few of the boys had dirty scalps.

78 children were found to have dirty bodies. All these were only slightly dirty, but all were noted who were not absolutely clean.

The following figures show the findings as regards uncleanliness at the routine inspections. The head defects include sores, pediculi, nits and dirty scalps, and the body defects dirt and evidences of vermin:—

Heads.		Bodies.	
Boys.	Girls.	Boys.	Girls.
11	179	36	42.

The following table shows the percentages of girls examined in the various schools whose heads were not absolutely clean and free from nits;—

	Per Cent.		Per Cent.
Gomersal Council	5.9	Scholes	16.9
St. Luke's	9.3	Oakenshaw	17.4
Whitcliffe Road	9.9	St. John's	18.2
Roberttown Council	12.1	Gomersal National	20.5
Millbridge Nat.	12.3	Hightown Council	21.1
Roberttown Nat.	14.6	Millbridge Council	23.8
Hightown Nat. and Knowler Hill	15.	Littletown	27.7
		Norristhorpe	31.9
Moor End	16.3	South Parade	34.3

All Schools, 18.1 per cent.

A scheme for the inspection of children with regard to cleanliness has been instituted, and is carried out by the School Nurses.

When conducting this inspection the Nurse sees every child in the school and notes the condition, whether clean, with nits, pediculi, dirty scalps or dirty bodies. The names of the defectives are entered on a special card and the defect noted against the child's name.

Notices are then sent to the parents calling attention to the fact and advising and giving direction for the treatment.

In about ten days' time the Nurse again visits the same school and re-inspects those children who were found to be defective at her previous visit. It is hoped by this means, and by following up the bad cases, that the greater number will be cured. The matter is a difficult one to deal with, the attitude of certain parents to this condition being most casual.

Tables II. and III. give a summary of the Nurses' cleanliness inspections and re-inspections.

8,572 children were examined at the two inspections and 7,432 were found to be quite clean. This leaves a percentage of 13.4 whose heads were dirty or infested with nits. This is a slight improvement on the previous year.

Table II.—SPRING CLEANLINESS INSPECTION, 1925

SCHOOL	No. Examined	With Nits Only	With Other Defects	Clean	Per Cent	No. Re-Examined	Improved	Per Cent
Oakenshaw	170	9	1	160	94.1	10	0	0
Scholes	246	22	2	222	90.2	22	7	31.8
Moorend	223	14	20	189	84.7	31	22	70.9
Whitcliffe Road	312	20	29	263	84.2	41	39	95.1
South Parade	164	14	1	149	90.8	15	3	20.0
St. Luke's	217	20	0	197	90.7	20	7	35.0
St. John's	371	21	20	330	88.9	37	28	75.6
Littletown	239	15	36	188	78.6	49	37	75.5
Millbridge National	277	31	11	235	84.8	39	27	69.1
Millbridge Council	414	55	18	341	82.3	61	33	54.0
Gomersal National	214	39	20	155	72.4	52	36	69.2
Gomersal Council	314	52	20	242	77.0	55	34	61.8
Norristhorpe	253	22	15	216	85.3	33	16	48.4
Roberttown Council	128	16	14	98	76.5	15	5	33.3
Roberttown National	156	11	10	135	86 5	16	9	56.2
Knowler Hill	60	1	1	58	96.6	2	1	50.0
Hightown National	174	8	4	162	93.1	11	5	45.4
Hightown Council	262	23	7	232	88.5	30	11	36.6
ALL SCHOOLS	**4194**	**393**	**229**	**3572**	**85.1**	**539**	**320**	**59.3**

Table III.—AUTUMN CLEANLINESS INSPECTION, 1925

SCHOOL	No. Examined	With Nits Only	With Other Defects	Clean	Per Cent	No. Re-Examined	Improved	Per Cent
Oakenshaw	160	7	7	146	91.2	13	2	15.3
Scholes	248	21	2	225	90.7	21	6	28.5
Moorend	235	5	22	208	88.5	22	16	72.7
Whitcliffe Road	360	12	19	329	91.3	28	16	57.1
South Parade	164	11	1	152	92.6	12	3	25.0
St. Luke's	220	18	4	198	90.0	22	12	54.5
St. John's	394	7	16	371	94.1	21	16	76.1
Littletown	250	6	24	220	88.0	26	19	73.0
Millbridge National	277	39	4	234	84.4	36	33	91.6
Millbridge Council	444	64	18	362	81.5	73	49	67.1
Gomersal National	234	29	18	187	79.9	40	34	85.0
Gomersal Council	289	49	12	228	78.8	52	40	76.9
Norristhorpe	250	15	15	220	88.0	29	17	58.6
Roberttown Council	153	12	11	130	84.9	14	8	57.1
Roberttown National	164	10	7	147	89.6	11	8	72.7
Knowler Hill	81	2	3	76	93.8	4	2	50.0
Hightown National	164	8	7	149	90.8	14	7	50.0
Hightown Council	291	13	7	271	93.1	16	5	31.2
ALL SCHOOLS	**4378**	**328**	**197**	**3853**	**88.0**	**454**	**293**	**64.5**

In my report for 1923 I ventured to suggest that the standard of cleanliness reached at the Autumn inspection in that year was not likely to be exceeded for some time. At that inspection 90.3 per cent. of the children were found to be clean, and in the following year the percentages fell to 87.7 and 82.9 at the Spring and Autumn inspections respectively. I am glad to say that during 1925 things have improved though not to the extent one would wish. At the Spring inspection 85.1 children were found to be clean, and at the Autumn examination this figure had risen to 88, an improvement of 5 per cent. on the previous year.

With regard to the girls examined at the Routine Medical Inspections forty-five fewer were found with heads infested with nits, a decrease of 20 per cent., though the number of children examined had increased by sixteen per cent. Why the set-back occurred in 1924 is difficult to say, but the improvement during the year under review may possibly have been due to the fact that in January two parents were prosecuted for persistently refusing to remedy the condition in their children. In both cases action was taken with the school attendance bye-laws, the children having been excluded from school owing to their condition, and the minimum fine was inflicted in each case.

As stated earlier in this report, there are no very bad cases of verminous heads in the schools, and I feel that the loss of school time is a very serious matter for children whose heads are moderately unclean. Before prosecuting in any particular case, it means that first to last the child loses about a month's schooling before the case is heard, and the fine inflicted must often react unfavourably on the child herself. But it is very difficult to know how to deal with the type of parent who simply will not take the trouble to attend to their children's heads. About eighteen months ago the Secker combs was tried by the nurses on some of the worst cases that they could find and was found to be very efficient. These combs are available to all parents, being lent to those who are known to be unable to afford to purchase them even by instalments. In spite of this, about five per cent. of the parents ignore all warnings and instruction as to treatment.

At the Spring re-inspection 539 children who had been found not to be clean at the first examination were seven, and 219 were found to be in just the same condition as before. At the Autumn re-inspection things were slightly better, 293 out of 454 dirty children being found to have improved, leaving 25.5 per cent. whose parents had ignored all warnings and advice. Of the 8,572 children who were examined during the year 350 showed no improvement, a percentage of 4.7.

MINOR AILMENTS.

Comparatively few of these cases were found during the Routine Examination. Rather fewer cases of anæmia were found, twenty-nine compared with thirty-three, and a smaller proportion were referred for treatment.

There was a decrease of over fifty per cent. in the number of cases of Bronchial Catarrh discovered at the examinations. This was due in part no doubt to the improvement in the climatic conditions compared to the previous year.

ENLARGED TONSILS AND ADENOIDS.

Four hundred and seventy-seven children were found to be suffering from enlarged tonsils, adenoids (definite and suspicious), or both. The great majority of the cases of enlarged tonsils were of a very slight degree, and these were referred for future observation; but 35 cases of enlarged tonsils, 16 cases of adenoids, and 4 cases of enlarged tonsils with definite adenoids were referred for treatment. These cases are now dealt with at the School Clinic. The total number was considerably larger than in the previous year, but the cases needing treatment rather less.

TUBERCULOSIS.

Nineteen cases of Tuberculosis were found during the year, of which nine were respiratory. Four of the definite cases were referred to the West Riding Tuberculosis Dispensary at Liversedge and three which were old cases and improving were referred for observation. The two remaining cases were doubtful and are being kept under observation. Of the other ten cases of Tuberculosis six were glandular, one was a case of hip disease, two involved other bones and joints, and there was one of another form. Three of the glandular cases and the bone and joint cases were referred for treatment.

SKIN DISEASE.

One hundred and twelve cases of skin disease were found among the children examined, giving a percentage of 5.4. Of these 13 were impetigo. Two cases of scabies were found.

Six cases of ringworm were discovered, two of the scalp and four of the body.

The diminution in the amount of impetigo is doubtless due to the Nurses' weekly visits to the schools. Cases are taken in hand at once and treated before the disease has time to spread.

The same reason may be given for the small amount of ringworm found. In all cases of suspected ringworm hairs are taken and sent to the County Laboratory at Wakefield for examination.

It may here be mentioned that seven children were found to be suffering from an infectious complaint, namely, three cases of chicken pox, two of mumps and two of chicken pox.

RINGWORM.

Two cases of ringworm of the scalp and four of the body were found at the examinations. This small number is due to the fact that most of the cases had already been discovered and excluded.

Seventy-five specimens of hair from 32 suspected ringworm cases were sent to the County Laboratory at Wakefield. The following are the results of the examinations:—

	Positive.	Negative.
Old cases …………	36	15
New cases …………	10	14

As mentioned in the general survey, treatment for ringworm by means of X-Rays has been in operation during the year, details of which will appear later in the report. This accounts for the great decrease in the number of specimens of hair examined.

There are considerably fewer children affected with this disease than was the case a couple of years ago. In 1922 41 cases of ringworm of the scalp came under observation; in 1923 there were 33 new cases; and in 1924 the number had dropped to 25.

In 1925 there was a still further decrease. The number of new cases of ringworm of the scalp being only ten. It will be sen that eight of these were found either by the nurses or parents before the children came up for Routine Examination. If this rate of improvement can be maintained, it should not be long before the district is practically free from this complaint.

EXTERNAL EYE DISEASE.

Twenty-five of these cases were discovered, 19 of them being blepharitis. Most of them were of a mild type and were referred to the School Nurse for treatment at her weekly visits to the schools, the more severe cases being referred to the Clinic, all being re-inspected at subsequent visits to the school. Unfortunately, in many cases the parents of the affected children will not trouble to carry on the treatment in between the Nurses' visits, and as a result progress is not as quick or as marked as it might be.

DEFECTIVE VISION AND SQUINT.

Twenty cases of squint were met with in the routine inspection, and 353 cases of defective vision, of which 125 were referred for treatment.

Vision was usually classed as needing treatment when it was worse than 6/12 in each eye. All these cases were referred to the Clinic for further examination, and, if necessary, refraction. In addition to the above, 228 children had their vision impaired to a lesser extent than the above, and these were referred for observation.

No special attempt has been made to discover cases of latent hypermetropia, but a few children have been met with in whom it is probable that this condition exists. These have also been referred for further observation.

Table IV. shows the result of vision testing at the Routine Examinations:—

VISION TESTING.

TABLE IV.

			Per Cent.
Number Examined		1389	
With Normal Vision		1039	74.8
With Subnormal Vision		350	25.2
Vision 6/6	Right	59	4.9
	Left	72	5.2
Vision 6/9	Right	131	9.4
	Left	123	8.8
Vision 6/12	Right	66	4.8
	Left	72	5.2
Vision 6/18	Right	43	3.1
	Left	43	3.1
Vision 6/24	Right	20	1.4
	Left	18	1.3
Vision 6/36	Right	18	1.3
	Left	11	.8
Vision 6/60	Right	4	.3
	Left	1	.07
Vision 6/0	Right	9	.6
	Left	10	.7
With Glasses		31	2.2
Not Tested		13	1.

No. of children referred for Treatment, 125.

Eighty-two children, or 5.9 per cent., were found to have vision worse than 6/12 in one eye, and 47 children, or 3.4 per cent., to have vision worse than 6/12 in both eyes.

EAR DISEASE AND DEAFNESS.

Thirty-three cases of otitis media were discovered, and all but six were referred for treatment. The other cases of ear disease were for the most part accumulations of wax in the external meatus. The worst of these were referred for treatment. Very few cases of deafness were discovered. This may very largely be due to the very great difficulty in detecting this condition owing to the extraneous noises that are continually going on. This, I am aware, is unavoidable, owing to the examinations having to take place for the most part actually in the schools.

DENTAL DEFECTS.

At the routine inspection the teeth of each child are examined, but without mirror and probe, and consequently many carious teeth are missed which would be detected if more thoroughly searched for by a dental surgeon.

In spite of this, however, no fewer than 1,769 children had one or more decayed teeth, leaving a residue of 299 with apparently sound teeth, a percentage of 14.4, which is rather less than last year.

In 567 children carious teeth was the only defect found; a percentage of 27.4, compared with 25.4 per cent. in 1924.

The figures below show the number of children with sound teeth, with one to three carious and with four or more decayed teeth.

Condition of teeth found at Routine Examinations:

All Teeth Sound	299	...	14.4 per cent.
1-3 Carious	971	...	47 per cent.
4 or more Carious	793	...	38.6 per cent.

CRIPPLING DEFECTS.

Four cases of epilepsy were met with during the year. There were six cases of chorea, two of which were referred for treatment, the other four being very slight.

There were no other cases of severe crippling defects.

There were 17 cases of spinal curvature, all of a slight degree, but six were referred for treatment at the Ellison Clinic.

The cases of rickets met with affected the head and chest to about an equal extent.

MENTAL DEFICIENCY.

During the year a boy of seven was Certified, and is now in a Special School in Leeds. It was a doubtful question as to whether he was not actually an Imbecile, but he was signed as a Feeble-Minded, and reports say he is making progress.

A considerable number of the children who were found to be mentally deficient in 1922 have now left school, and are free to become a nuisance and in many cases a menace to the community. The brother of one of them, himself an ament, came into the hands of the police during the year. Enquiries were made towards the end of the year as to the presence of mental deficients now at school. Those who were not already known to me were seen and given a short test. All these children will be examined thoroughly during the year, and their mental accounts and intelligence quotient estimated.

Unfortunately, except for those who may be notified to the Local Central Authority, there is, at present, nothing to be done for these children. They are quite incapable of benefiting by the ordinary school course of instruction, and there is no special school in Spenborough. Such a school is, in my opinion, greatly needed, not only for mental defectives, but also for the many physical defectives, pre-tuberculous, and delicate children. Such a school would no doubt be costly, especially as it would be necessary to provide means of conveying the children or most of them to and from school.

HEIGHTS AND WEIGHTS.

All children are weighed and measured at the time of examination. Table V. gives the results recorded, the height in inches and the weight in lbs. and ozs.

TABLE V.

BOYS				GIRLS			
Age Years	Number	Height ins.	Weight lbs.	Age Years	Number	Height ins.	Weight lbs.
3	47	37.0	32.9	3	36	36.3	31.9
4	90	39.2	36.5	4	78	38 5	34.1
5	196	40·6	38.4	5	153	40.6	37.7
6	16	43.4	45.0	6	32	42,1	39.9
7	14	45.1	46.8	7	12	44.7	43.8
8	308	47.7	51.9	8	260	47.1	50.0
9	25	49.7	55.5	9	36	48.3	52.4
10	12	50.7	61.5	10	6	52.3	59.3
11	16	52.3	65.3	11	11	54.4	69.0
12	330	54.3	71.9	12	306	54.8	72.3
13	18	56.2	80.2	13	53	56.2	76.3
14	3	60.9	103.8	14	3	58.8	86.7

On the whole the results are very much the same as in previous years.

Compared with 1924 the main differences are as follows;—

The three-year-old boys were rather shorter, but of the same weight, but there was no appreciable difference in the girls of their age in the two years. A few six years old boys were examined and these were about 3lbs. heavier than those seen in the previous year. The dozen seven year old girls examined were deficient both in height and weight, compared with the 49 who were inspected at their age in 1924. The nine-year-old boys were a couple of inches shorter and five pounds lighter than this age group in the previous year, while the girls of their age were three inches taller and two pounds heavier. At ten years there was a deficiency of two inches in height and an excess of 2lbs. in weight among the boys, while among the girls there was an excess of two inches in height and a deficiency of 16lbs. in weight, but the number examined at this age were very small in both years. The eleven-years-old boys were bigger and the girls smaller than those seen at this age in the previous year, and there was a very slight increase both in height and weight among the twelve-year-old in both sexes.

It will be seen that there was very little variation among the children of the code age group, namely, 4 and 5, 8 and 12, at which ages the bulk of the children were examined.

Comparing the sexes, in the infants, or 4 and 5, the height was about the same for both sexes, but the boys were rather heavier than the girls.

In the eight-year-olds, the boys are about half-an-inch taller and two pounds heavier than the girls, while in the twelve-year-olds leaver group, the boys again have an advantage of half-an-inch in height but the girls are about half a pound heavier.

VACCINATION.

Still a large majority of people refuse to take advantage of vaccination against small-pox.

I do not propose to repeat the arguments I have used in previous years they can be seen in previous reports.

Suffice it to say that out of 2,068 children inspected 1,497 were unvaccinated, a percentage of 72.4. The percentage of children under seven who were unvaccinated was 77.

How soon this district will be totally unprotected against small-pox, mild or virulent, can be gathered from the following:—

					Per cent.
1920	No. Examined	771	Unvaccinated	400	51.9
1921	,,	2020	,,	1190	58.9
1922	,,	1076	,,	678	61.
1923	,,	1507	,,	1047	69.4
1924	,,	1782	,,	1238	69.4
1925	,,	2068	,,	1497	72.4

SPECIAL CASES.

At the routine examinations head teachers are invited to bring to the notice of the School Medical Officer any child whom they think requires examination and treatment. The School Nurses also present children for inspection in whom they have found defects during their weekly visits to the school. Special cases are also seen at the school clinic, being sent there by head teachers, nurses or parents.

During the past year 266 children were seen as "specials."

The defects found were as follows:—

TABLE VI.

	Ref. for Observation.	Ref. for Treatment.
Ringworm, Head (Doubtful)	1	1
Skin	0	2
Scabies	40	2
Impetigo	0	6
Other Skin Disease	3	21
Blepharitis	0	1
Other Ext. Eye Disease	3	8
Defective Vision	2	19
Otitis Media	0	10
Other Ear Disease	1	1
Heart Disease	3	3
Enlarged Tonsils & Adenoids	4	14
Other Throat & Nose Disease	2	3
Tuberculosis	2	1
Doubtful Tuberculosis	3	1
Nervous Disease	1	3
Deformities	0	3
Minor Injuries	3	10
Infectious Disease	1	1
Uncleanliness	7	16
Miscellaneous Diseases	34	31

RE-EXAMINATIONS.

When considered necessary, certain children found to be defective at the routine examinations are re-inspected at a subsequent date.

During 1925 696 individual children were re-inspected for various conditions; 812 defects were re-inspected once and 67 twice, making a total of 879 re-inspections.

The defects for which re-inspections were made were as follows:—

TABLE VII.

	Improved.	No Change.
Impetigo	16	1
Other Skin Disease	13	0
Blepharitis	14	8
Other External Eye Disease	4	3
Defective Vision	7	11
Otitis Media	19	8
Other Ear Disease	79	56
Heart Disease	23	31
Enlarged Tonsils & Adenoids	317	99
Other Throat & Nose Disease	24	8
Bronchial and Lung Disease	86	19
Tuberculosis	6	3
Nervous Disease	1	2
Deformities	0	1
Miscellaneous Disease	5	7

TREATMENT.

Treatment is carried out partly at the clinic and partly in the schools by the School Nurses.

Considerable discussion has taken place in the past regarding the advisability of continuing treatment in the schools. It has been definitely decided that in a district such as Spenborough, where the schools are to a large extent scattered, and often at a considerable distance from the clinic, that this is the only way of insuring regular treatment for minor ailments.

Defectives seen by the School Medical Officer in the schools, either as specials or at the routine examination, are either referred direct to the clinic or for treatment in the first place in school.

The Nurses are instructed to refer all cases of defects they come across in the schools to the School Medical Officer, except cases of sores, warts, boils, etc., and minor injuries. Of course, all such referred cases do not attend the clinic.

The following table gives the defects dealt with at the school clinic;—

TABLE VIII.

Ringworm, Scalp	6
Doubtful	0
Skin	1
Impetigo	14
Other Skin Disease	22
External Eye Disease	19
Defective Vision	89
Otitis Media	45
Other Ear Disease	78
Enlarged Tonsils and Adenoids	49
Other Throat and Nose Disease	24
Tuberculosis	1
Tuberculosis, Doubtful	7
Miscellaneous Defects	92
Making a total of	447

427 children in all attended the clinic for treatment or for examination and advice; and 986 attendances were made altogether.

Table IX. shows the number of children from each school who attended the clinic.

There is some decrease in the number of children attending the clinic and also in the total attendances. This is what would be expected in view of the decrease of cases referred for treatment.

The schools with the largest attendances at the clinic are again those close by or on the tram route, namely, Millbridge Council, with by far the largest attendance, the two Gomersal schools, Whitcliffe Road, St. John's, and Millbridge National, all with over thirty children. The schools with the smallest attendances were the two Roberttown schools, The general decrease during the past year or two has been due to the great diminution in the number of Ringworm cases and of Skin diseases, and to a lesser extent the reduction in number and severity of the cases of Otitis Media.

TABLE IX.

School.	No. of children attending clinic.
Millbridge Council	64
Millbridge National	31
Highton Nat. & Knowler Hill	18
Littletown	29
Gomersal National	35
Gomersal Council	30
St. John's	35
Moor End	17
Roberttown Council	7
Roberttown National	12
Norristhorpe	22
Oakenshaw	13
Scholes	23
South Parade	16
Whitcliffe Road	31
St. Luke's	13
Hightown Council	31

ERRORS OF REFRACTION.

The following are the particulars of the cases of errors of refraction dealt with at the school clinics:—

1922 Cases completed	1
Referred for Treatment:—	
Routine Cases	105
Specials	31
No Correction considered necessary	8
Children not completing treatment	5
Referred to Hospital	7
Treatment postponed	2
Under Treatment Dec. 31st, 1924	0
Glasses prescribed after Retinoscopy	41
Glasses prescribed without Retinoscopy	29
Glasses obtained elsewhere	12
Children supplied with Prescription for Glasses	70
Total seeking Treatment	89
Glasses not yet obtained	15
Retinoscopy	43
Children who have obtained Glasses	67

Of those children for whom no correction was considered necessary, the majority had very slight defects. Two were found to have conditions that could not be remedied by glasses.

Five children did not complete treatment either by not using the mydriatic supplied or by not attending for retinoscopy.

Those children who were supplied with prescriptions without retinoscopy were for the most part simple cases of myopia and hypermetropia. A few were already using glasses and required the strength of the lenses changing.

Of those who have not already obtained their glasses, most were treated towards the end of the year, and there has been no opportunity of ascertaining if glasses have been procured. A few plead inability to afford them. The Authority provided spectacles for 12 children free of cost.

The defects found in those children treated for errors of refraction were as follows:—

Hypermetropia, both eyes	20
Myopia, both eyes	19
Hypermetropic Astigmatism, both eyes	16
Myopic Astigmatism, both eyes	3
Mixed Astigmatism, both eyes	2
Hypermetropia and Myopia	3
Hypermetropia & Hypermetropic Astigmatism	11
Hypermetropia and Mixed Astigmatism	3
Myopia and Emmetropia	1
Myopia and Myopic Astigmatism	2
Emmetropia and Hypermetropia	1
Myopia and Mixed Astigmatism	1

The condition of the eyes of the children treated for defective vision were as follows:—

	Right Eyes.	Left Eyes.
Hypermetropia	28	27
Myopia	19	23
Hypermetropic Astigmatism	22	24
Myopic Astigmatism	6	6
Mixed Astigmatism	5	2

ENLARGED TONSILS AND ADENOIDS.

Forty-two operations were performed by Dr. Unthank, of Cleckheaton, who was appointed for this purpose.

The particulars are as follows:—

	Boys.	Girls.	Total.
Enlaged Tonsils	0	0	0
Adenoids	8	2	10
Enlarged Tonsils and Adenoids	12	20	32

In addition, seven children received operative treatment elsewhere than at the clinic.

Ninety-four children were referred for operative treatment, 35 of whom were routine inspection cases and 39 specials.

Of these, 49 received the necessary treatment, a percentage of 52, which must be considered satisfactory, though not so large a percentage as last year.

RINGWORM.

The position as to the treatment of Ringworm of the scalp by X-Rays is not altogether satisfactory.

At the beginning of 1924 arrangements came into force for this treatment to be carried out at Staincliffe Infirmary, and a considerable number of children were so treated. Unfortunately two cases of baldness resulted, both in cases of very long standing, and this has had a very bad effect. The majority of parents absolutely refuse to allow their children to undergo this treatment, though in all the other cases the treatment has been most successful. At the same time other forms of treatment have been fairly successful possibly owing to the fact that parents are much more alive to the necessity of regular and systematic treatment in these cases than they were.

At the same time it is a long business, and children who become infected loose many months of schooling which need not be so lost.

At the time of writing, February, one boy has been out of school for seven months, a brother and a sister for nine months, and another boy for nineteen months.

During the year nineteen cases of Ringworm of the scalp have come to light. Nine of these were old cases, and ten new cases during 1925. Of the old cases eight were cured during the year, two of whom were treated by X-Rays. The other one is the case mentioned above. This boys parents persistently refuse to allow him to be treated as advised. Of the ten new cases, four have cleared up under local treatment. This leaves seven known cases still infected and out of school. Four of these have absolutely refused X-Ray treatment, and are said to be attending their private doctor. A fifth case has not been seen at the clinic, but is said to be under private treatment, while the other two are under five and have in consequence not been offered X-Ray treatment.

On the whole, however, there has been a very considerable reduction in these cases during recent years. In 1921, for instance, eighteen cases were found at routine inspections, and 28 at special inspections, a total of 46. In 1923, no less than 63 cases came under treatment at the clinic the total of 19 in 1925 must therefore be looked upon as satisfactory.

DUTIES OF SCHOOL NURSES.

There are four half-time School Nurses in Spenborough who also act as Health Visitors, the equivalent of two whole-time nurses. Seeing that there are eighteen schools and an area of 5,000 acres, this cannot be considered excessive. The district is divided into four areas, each nurse being allotted one area, both as school nurse and health visitor. The Nurses attends with the School Medical Officer at the routine examinations and with the Dentist at the dental inspections. She weighs and measures the children to be examined, and tests the vision with the types of the children in the upper schools before the examinations. Nurses are in attendance at the General Clinics and at the Throat and Nose Clinic, but it is not considered necessary for one to attend for refractions. Each Nurse visits each of her schools once weekly during term time for the treatment of minor ailments. At this time she obtains information with regard to children absent for infectious disease and with regard to any exceptional children. She visits the houses when required to enquire into alleged cases of infectious disease where no doctor is in attendance, and also to follow up certain defectives who have not responded to notices to attend the clinic for treatment, or to obtain any other information required. The Nurses paid 1,700 visits during the year for these purposes. Twice in each year special visits are made to the schools for head inspections. All children in school on the day of inspection are examined and reported on, and dirty children are re-inspected about a fortnight later.

TREATMENT BY NURSES IN THE SCHOOLS.

The following is a summary of the treatments carried out by the School Nurses, the figures indicating the actual number of children affected:—

Total number of children seen by School Nurses	2,049
Number treated for Sores & other Disease of Skin	953
Number treated for minor Eye Defects	206
Number treated for minor Ear Defects	262
Number treated for minor injuries	598
Number treated for other defects	322

It will be seen that over 70 per cent. of the cases dealt with by the Nurses in the schools were sores and other skin disease (a large number of which cases were warts), and minor injuries.

The majority of the other cases were seen by myself either as specials, at the clinic, or at the routine examinations, when directions were given the Nurse as to treatment.

In all, 427 children were dealt with at the clinic, and 2,049 by the Nurses at school.

The large number of sores treated in the schools accounts largely for the comparatively few cases found at routine medical inspection.

The total number of treatments given by the Nurses in the schools during the year was 10,069, and, in addition, advice was given in 273 cases. The number of visits paid by the Nurses to the schools for this purpose was 682.

It may be interesting to record the average number of children attended to by the School Nurses at their weekly visits to the schools.

The following table gives the actual number of treatments, etc., given by the Nurses at each school during 1925, and also the average number seen at each visit per 100 on the register on March 31st, 1925, during a period of three years, and also the average number at each visit in 1925:—

Schools.	Attended to in 1925.	Average per visit for 100 in 1925.	for 3 years 1922-24.
Oakenshaw	746	9.3	10.1
Scholes	617	5.7	7.8
Moor End	806	6.8	7.21
Whitcliffe Road	987	5.7	4.17
St. Luke's	315	3.2	5.3
South Parade	540	8.1	11.11
St. John's	433	2.6	2.16
Littletown	199	2	2.34
Gomersal Council	1167	8.6	7.44
Gomersal National	796	8.5	9.23
Millbridge Council	911	4.2	4.
Millbridge Nat.	171	1.5	1.31
Norristhorpe	707	5.7	4.55
Roberttown Coun.	470	7.1	6.77
Roberttown Nat.	312	4.2	5.16
Hightown Nat.	512	4.9	5.64
Hightown Coun.	653	5.8	6.25
All Schools	10342	5.3	5.47

It will be seen that there is a slight reduction of .17 per cent. in the number of children treated. There was an increase at Whitcliffe Road, St. John's, Gomersal Council, Millbridge Council, Millbridge National, Norristhorpe, and Roberttown Council, and a slight decrease at the other schools.

It is not easy to understand the large differences in the averages. Of course, the class of children attending different schools vary considerably, and this will account for at least two of the schools whose average is under the mean for the whole district. In my opinion, which I know is shared by many in a position to judge, the weekly attendance at the schools by the Nurses is a very valuable part of the School Medical Service, and I hope more advantage will be taken of it at certain schools than has been the case in the past.

SCHOOL DENTAL SERVICE.

The second year's working of this branch of the School Medical Service has now been completed. Mr. Adderley having resigned at the end of 1924. Mr. A. L. Hyslop, L.D.S., was appointed to fill the vacancy, and took up his duties in January, jointly with Batley.

When drawing up a scheme of work for the Dental Service prior to its inauguration, it was thought that it would be possible to inspect all children over six by means of five inspections per month, and that the remaining time available would be ample to treat all who would be likely to present themselves for treatment, at any rate at first. This arrangement speedily proved to be impracticable. It was estimated that between 20 and 25 per cent. of those notified as requiring treatment would attend, but instead of that nearly seventy per cent. came for treatment, with the result that out of 1,417 children in the age groups 6 to 9 only, 883 were notified to attend, and of the 1,127 older children who required dental treatment, none could be seen for that purpose.

It was therefore necessary to completely revise the scheme. During the past year there have been three school dental inspections in each month, the children inspected being those who attain the ages of 6, 7, 8 and 9 in the current year. In addition to these children any child who was inspected and notified for treatment in 1924, and who had such treatment was again inspected. It is intended, if possible, to continue this practice of keeping those older children who have accepted treatment under observation so long as they are at school. It seems a pity that a child whose parents are really willing for him to be attended to while he is under 10 should be left alone when he has passed that age. It is too early yet to say whether the time available will permit of this part of the scheme to be carried out, it will, of course, largely depend of the number of the present six and seven year olds who have systematic treatment during the next two or three years.

It will be seen from Table XII. that twenty-one half-days were occupied in school dental inspections, and that 1,595 children were inspected, while 166 half-days were given up to treatment at the clinic. The number found to require treatment urgently was 1,362 or 85.4 per cent. These were all notified to attend the clinic for treatment, and 874 or 64.2 per cent. did so. Each child made just over two attendances.

There were 32 administrations of a general anæsthetic, nitrous oxide, which in all but two or three cases was given by myself, and most of the other extractions were performed under local anæsthetic.

The following Table gives particulars of the Dental work carried out during the year. It will be noticed that two adults were treated. These were women referred by the Medical Officer to the Ante-Natal Clinic.

TABLE XII.

NUMBER OF CHILDREN INSPECTED.

Age Groups	6	7	8	9
	388	358	402	447
	Total, 1,595.			

Number of half-days occupied: At Clinic, 166; Inspections, 21; total 187.

Average number inspected each half-day, 75.9.

Number requiring treatment, 1,362.

Number absent when inspections made: Absent, 321, Left School, 69.

Number of schools inspected, 17.

Number of sound mouths, 97.

Not requiring treatment immediately, 143

Specials, 54.

Number actually treated, 874. Two mothers.

Re-treated as result of periodical examination, nil.

Attendances made by children, 1,769, and four mothers.

Fillings: Temporary, 184; Permanent, 1,044.

Extractions: Temporary, 2,165; Permanent, 93. Mothers, 22.

Gas administrations, 32.

Other operations: Temporary, 168; Permanent, 85.

To the Medical Officer of Health and School Medical Officer.

Dear Sir,—

I have pleasure in presenting to you my report for the year ending December, 1925.

Work was resumed upon lines similar to those inaugurated by Mr. Adderley, the first School Dental Officer. Children between the ages of six and ten years were examined in the school. In addition, a number of "special" cases seen by you were inspected and treated at the clinic.

85 of the 1,595 children examined were referred for treatment, and of them 64 per cent. actually came to the clinic by appointment for the necessary treatment.

In the majority of cases the deciduous teeth were too carious for conservation treatment, and extractions had to be resorted to in order to make the mouth healthy and functional. A great number of these extractions would have been rendered unnecessary if early prophylactic methods had been practised. There is still need for some kind of propaganda in this direction.

Irregularities, except in the cases of older children referred by you, were invariably caused by the retention of "dead" deciduous teeth, and were rectified by the removal of the offending members.

A number of cases where caries had only attacked the exterior surface of the incisor teeth, and where the gums in the front of the mouth showed a marginal gingivitis, not extending to the back, seemed to be associated with mouth breathers.

One might reasonably be pleased with the progress that has been made in comparatively so short a time. The majority of the parents show interest and co-operation, while the children invariably came in the best of spirits.

May I thank you, and the members of your staff, who have so kindly helped me during the year.

I am,

Yours faithfully,

A. L. HYSLOP.

CONTROL OF INFECTIOUS DISEASE.

The head teachers are supplied with instructions as to the exclusion from school of children suffering from infectious disease and contacts. No difficulty is experienced in dealing with cases of scarlet fever, diphtheria, and other notifiable diseases, as such cases are brought to the notice of the Health Department immediately, the houses visited and disinfected, and instructions given to keep contacts from school until all fear of infection has passed.

In these cases head teachers are also requested to re-exclude at once any child who returns to school after absence due to such diseases who is found to be suffering from any aural or nasal discharge.

With regard to cases of whooping cough, measles, chicken-pox, and mumps, control is more difficult, those diseases not being notifiable. The only certain method of becoming acquainted with their occurrence is through the head teachers, who are requested to inform the School Medical Officer of the name and address of any child who is absent from school and is alleged to be suffering from one of these diseases. On becoming aware of such a case, one of the School Nurses visits the child's home and verifies it. If a medical man is in attendance, no further action is taken. If not, and if the child seems very unwell, or if there seems to be a doubt as to the diagnosis, the parents are advised to consult a medical man at once.

The School Nurses obtain a report from the head teachers at their weekly visits to the schools of all cases of infectious disease occurring since their last visit. It it thus possible to hear of outbreaks of non-notifiable diseases before they have assumed the proportions of an epidemic.

DIPHTHERIA.

Only one case of this Disease occurred among the school children during the year. This was at St. Luke's school, in November.

Diphtheria has been very uncommon during the past four years in the district generally, and in the schools in particular. There were eight cases in 1922, five in 1923, three in 1924, and only one last year. These figures compare very favourably with 31 cases in 1920 and 30 in 1921.

SCARLET FEVER.

There was a considerable increase in the number of cases of Scarlet Fever among school children in 1925 compared with the previous year, when there were only 22 cases. There were in all 37 cases, and the distribution throughout the schools was very irregular. Millbridge National had nine cases, practically a quarter of the total. Littletown and South Parade had four cases each. The two Gomersal schools, Roberttown National, Moor End, Oakenshaw, and Whitcliffe Road had no cases at all. The case of Whitcliffe Road is notable as in the previous year it had most cases of any school. The times of the year at which the cases occurred were also irregular. Eighteen of the cases occurred in the first five months; only four being notified from June to August inclusive, and eleven from June to November. December was the heaviest month, there being seven cases. Liversedge schools were considerably more affected than Cleckheaton schools, in which there were only ten cases.

The following shows the schools affected by scarlet fever during the year, and the months in which the cases occurred.

South Parade—4 cases. One each in September, October, November and December.

St. Luke's—2 cases. One each in April and September.

Scholes—1 case in February.

St. John's—3 cases. One each in February, October and November.

Littletown—4 cases. One in January, two in July, and one in August.

Millbridge Council—3 cases. One in March and two in April.

Millbridge National—9 cases. One in January, three in February, one each in March, April and May, and two in December.

Norristhorpe—2 cases. One each in April and December.

Roberttown National—1 case in December.

Hightown National—2 cases. One each in May and June.

Hightown Council—1 case in December.

The other three cases were in Spenborough children attending Heckmondwike Secondary School.

OTHER INFECTIOUS DISEASES.

There was rather more general infectious disease in 1925 than in the previous year. It was thought advisable to close schools in January on account of the prevalence of influenza, whooping cough and chicken-pox. In April there was an explosive outburst of measles at Knowler Hill. there being upwards of forty cases out of seventy-nine on roll. This school was also closed.

MEASLES.

There were more than double the number of cases of measles than in the previous year. This was due to a severe, but short-lived epidemic which began in March. The only schools which escaped the epidemic were South Parade with two cases and Millbridge National with one during the year. There were 44 cases at Hightown National and Knowler Hill, and over thirty cases at Whitcliffe Road, St. John's and Millbridge Council. Owing to instructions received from the Board of Education only Knowler Hill school was closed. The epidemic was practically at an end by the close of May, and the district has been practically free from measles since.

WHOOPING COUGH.

This complaint was slightly more prevalent than in the previous year, there having been 79 cases compared with 53. The schools most affected were Gomersal Council, 15 cases; St. John's, 13 cases; and Millbridge Council, 12 cases. These three schools accounting for two-thirds of the total number. South Parade, St. Luke's and Gomersal National were the only schools who entirely escaped. The Millbridge Council cases mostly occurred during the summer holidays.

CHICKEN POX.

The incidence of this disease was about the same as in 1924. The schools most affected were St. Luke's with 26 cases, Whitcliffe Road with 20 cases, and Scholes with 17 cases. The Scholes case formed a small epidemic at the end of the year, but in the case of the other schools affected the cases were more or less of a sporadic nature. Oakenshaw, St. John's, Gomersal Council, and the two Millbridge schools had no cases of chicken-pox at all during the year.

MUMPS.

Mumps showed a very marked diminuation compared to previous years, only forty-three cases occurring compared with 196 in 1924. Of these nearly half occurred at Millbridge National school, eighteen of the twenty cases occurring at that school being in one week in November. The only other school having more than four cases during the year was Millbridge Council with fourteen. Oakenshaw, Moor End, Whitcliffe Road, St. Luke's, St. John's, Littletown, Gomersal National, Norristhorpe, Roberttown National, and Hightown Council had no cases of mumps during the year.

Taking all infectious disease (excluding influenza) into consideration, South Parade has the best record with eight cases, followed by Hightown Council with fourteen. Millbridge Council has the worst return with 65 cases, the next most affected schools being Whitcliffe Road, and St. Luke's with 58 cases of infectious disease scale.

TABLE XI.

	Measles.	Whooping Cough.	Chicken Pox.	Mumps.
Oakenshaw	23	1	0	24
Scholes	17	9	17	1
Moor End	23	8	10	0
Whitcliffe Road	37	8	10	0
South Parade	2	0	1	1
St. Luke's	29	0	26	0
St. John's	32	13	0	0
Littletown	27	5	11	0
Millbridge Council	36	12	0	14
Millbridge National	1	1	0	20
Gomersal Council	23	15	0	1
Gomersal National	14	0	12	0
Norristhorpe	18	4	7	0
Roberttown Council	16	3	1	4
Roberttown National	24	3	4	0
Knowler Hill and Hightown National	44	2	1	2
Hightown Council	1	2	10	0
Totals	367	79	120	43

This Table is, of course, by no means complete. When a school is closed the only chance of getting to know of non-notifiable diseases is lost.

Contacts, in cases of whooping cough, chicken-pox, measles and German measles, are excluded if they are attending an infant school. If they are attending a mixed school, and there is clear evidence that they have already had the disease, they are not excluded.

OPEN-AIR EDUCATION.

Spenborough is not provided with any open-air schools or class rooms, but during the summer, whenever the weather permits, all classes are held in the playgrounds so far as this is possible.

In my opinion an open-air school is badly needed in the district. There are a large number of children, delicate and pre-tuberculous, some of whom have to be excluded for longer or shorter periods from the ordinary elementary schools, who would benefit very greatly from attending an open-air school. I am afraid that in a district such as Spenborough the cost of such a school would be heavy, as owing to the area of the district and the scattered population. Some conveyance would be need to take the children to and from school. Nevertheless, I hope that such a school will come into existence in the near future.

School journeys ars frequent, visits being made to places of historical and other interest in the neighbourhood.

PHYSICAL TRAINING.

There is no organiser of physical training in the district, but the syllabus of the Board of Education is carried out by the teaching staff.

PROVISION OF MEALS.

In certain of the infant schools milk and cocoa are supplied to the children at cost price.

This I consider a very excellent thing, and might well be extended to all schools. This would, of course, entail a considerable amount of extra work on the staff, and would take up a lot of time, consequently it might not be possible to supply all children with milk, but there are a certain number of weakly children in all schools that would benefit greatly by a cup of milk each morning.

No set meals were provided by the Authority in 1925.

SCHOOL BATHS.

The elder children (those over 11) attend the Cleckheaton and Heckmondwike municipal baths at regular times during the summer months to receive instruction in swimming.

Children primarily go to the baths to learn to swim, and those who can already do so do not attend unless the number of learners in each school is not sufficient to make up the regular number.

Swimming is not compulsory, but all children over 11 are taught if their parents so desire, with the exception of those attending Oakenshaw School.

Certificates of proficiency are granted; second class to those who can swim 25 yards, and first class certificates to those who can swim 50 yards breast stroke and 25 on the back.

In addition, the Council give a free pass to those who can swim a quarter of a mile. No child is allowed to compete for this pass until he or she reaches the age of 13, it being rightly considered that the exertion is too great for younger children. Two such certificates were granted to boys and 15 to girls.

Accommodation is provided for 340 boys and 340 girls each week. The average attendance during the swimming season was: Cleckheaton 76.9 per cent. of boys and 86 per cent. of girls. At Heckmondwike 87.5 per cent. of boys and 77.9 per cent. of girls.

The following are the certificates of proficiency granted:—

	1st Class.		2nd Class.
Boys	11	...	25
Girls	38	...	88

CO-OPERATION OF PARENTS.

A notice is sent to the parents of each child due for examination, requesting their attendance.

These invitations are sent in bulk to the head teacher of the school concerned, who fills in the time the child is to be examined, and sends it home by the child.

The response of the parents is fair in the mixed schools, and very gratifying in the infants' departments, The number of parents attending showed a slight increase of .9 per cent. compared with 1924, there being a slight reduction in the number attending the mixed school examinations, and a slight increase in those present when the infants' were examined.

The percentages of parents' attendances are:—

	Per cent.		Per cent.
Mixed Boys	56.4	Non-Provided Schools	71.6
Mixed Girls	62.7	Infant Schools	83.5
Mixed Schools	59.5	All Boys	65
Infant Boys	82.7	All Girls	69.3
Infant Girls	84.4	All Schools	70.6
Provided Schools ...	63.1		

The following Table gives the percentages of parents attending the medical inspections since 1920:—

	Percentage Attended.			
	Mixed Schools.		Infant Schools.	
Year.	Invited.	Attended.	Invited.	Attended.
1920	504	46.1	273	73.
1921	1348	58.1	672	75.5
1922	958	60.8	118	77.
1923	1135	60.	472	79.
1924	1094	61.3	689	83.16
1925	1406	59.5	718	83.5

It is gratifying to find the interest of the parents in the medical inspection of their children is being more than maintained.

CO-OPERATION OF TEACHERS.

Great assistance is obtained from the teachers in the various schools in bringing cases of defects to the notice of the Medical Officer or of the School Nurses. Many cases are thus discovered which would otherwise be missed.

At the routine medical inspection the head teachers arrange the order in which the children are to be seen, and send up for inspection any special cases that they may consider require seeing.

Although the Nurses' weekly visits to the schools are primarily for the purpose of treatment of minor ailments, found during the medical inspections, teachers are requested to bring to their notice at that time any case of defect not seen by the Medical Officers whom they may think requires treatment.

When any child is excluded from school by the Medical Officer a duplicate of the certificate of exclusion is sent immediately to the head teacher of the school at which the child attends.

This certificate states the number of days for which the child is excluded, and the teacher is thus able to ensure that the child does not return to school too soon, and, on the other hand, is able to call the Attendance Officer's attention to any child who does not return to school on the expiration of the certificate.

CO-OPERATION OF ATTENDANCE OFFICERS.

On the exclusion from school of any child by the School Medical Officer, a duplicate of the certificate is immediately sent to the Education Office for the information of the Attendance Officers. By this means that department is kept aware of those children who are absent from school legitimately.

The Attendance Officers refer children who are absent from school for alleged illness to the School Medical Officer, if they are doubtful of the genuineness of the case, and failing the production of a certificate from the usual medical attendant.

CO-OPERATION OF VOLUNTARY SOCIETIES.

The greatest assistance is rendered in many cases, otherwise difficult to deal with, by the National Society for Prevention of Cruelty to Children. The officers of this Society are in a position to bring great pressure to bear on certain neglectful parents who will take no notice of anyone else. Fortunately, the number of such parents does not seem to be a large one in Spenborough. I have received during the year great assistance from the Society's Inspector in several cases.

A most valuable voluntary society exists in the Cleckheaton Cripples' Clinic. Here cases of deformity of all kinds are dealt with under the direction of Major Phillips, of Bradford. A number of school children suffering from deformities, etc., have been referred to and treated at this institution during the year. During 1925 11 school children were referred to this Institution. In addition, 12 children of pre-school age were sent.

BLIND, DEAF, AND EPILEPTIC CHILDREN.

No special investigation has yet been undertaken for the grouping of this class of defects, beyond the school census, the findings of which are shown in Table III. (B. of E.)

So far, no totally blind child has been discovered either at the routine medical inspections or as special cases. One apparent deaf mute has been seen. He attends an infant school and appears to be getting a slight sense of hearing.

Four epileptics have been seen, all at the routine school examinations.

No definite scheme has yet been formulated for dealing with these cases.

NURSERY SCHOOLS, SECONDARY SCHOOLS, AND CONTINUATION SCHOOLS.

There are no nursery schools in Spenborough, but children are admitted to the elementary schools on attaining their third birthday.

The Education Authority carries on no work in connection with secondary or continuation schools.

EMPLOYMENT OF CHILDREN.

The bye-laws regulating the employment of children and young persons came into force in July, 1920.

The bye-laws prohibit the employment of children (i.e., persons under 14 years of age) in the following occupations: As lather boy or girl, in kitchens of hotels, restaurants, etc., in public billiard rooms, on licensed premises, selling programmes or refreshments in theatres, etc., collecting or sorting rags and refuse, as attendants in shooting galleries and similar premises, or in any slaughter-house.

No child under 12 may be employed in any capacity whatever.

A child between 12 and 14 years of age may be employed—

(a) On school days between 5 p.m. and 7 p.m.

(b) On week-days when school is not open, for not more than five hours between 9 a.m. and 7 p.m., and for not more than 16 hours in any week.

(c) For the sale and delivery of milk and newspapers.

A child between 12 and 14 may be employed for these purposes for one hour, 7 to 8 p.m., on week-days, and for not more than two hours between 7 and 10 in the forenoon.

Before a child between 12 and 14 can receive a licence to carry on the occupation of delivering milk or newspapers, a certificate has to be obtained from the School Medical Officer to the effect that this work will not be prejudicial to his health or education.

During 1925 there were 48 applications for certificates, all from boys. This was a large increase on previous years.

Of those to whom certificates were granted, 29 wished to deliver newspapers, nine to be errand boys, four to deliver milk and five to deliver meat.

It was found necessary to withhold a certificate in only one case, the reason being that the applicant showed signs of early tuberculosis.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Entrants	662
Intermediates	625
Leavers	718
Total	2005
Number of other Routine Inspections	63
	2068

B.—OTHER INSPECTIONS.

No. of Special Inspections	426
No. of Re-Inspections	1344
Total	1770

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTIONS IN 1925.

DEFECT OR DISEASE	ROUTINE INSPECTIONS		SPECIAL	
	Number referred for Treatment	Number requiring to be kept under observation but not referred for Treatment	Number referred for Treatment	Number requiring to be kept under observation but not referred for Treatment
Malnutrition		19		
Uncleanliness (see Table 4, Group 5.)				
SKIN.				
Ringworm:—				
Scalp	2	—	7	2
Body	4	—	2	—
Scabies	2	—	5	—
Impetigo	12	1	8	—
Other Diseases (non- Tuberculous)	52	39	28	3

TABLE II—*Continued*

EYE.				
Blepharitis	18	1	4	—
Conjunctivitis	3	—	9	—
Keratitis	—	—	1	—
Corneal Opacities	1	2	1	2
Defective Vision (excluding Squint)	125	228	45	4
Squint	8	12	4	1
Other Conditions	5	7	4	—
EAR.				
Defective Hearing	1	12	2	1
Otitis Media	27	6	17	2
Other Ear Disease	142	30	16	2
NOSE AND THROAT.				
Enlarged Tonsils only	35	391	18	5
Adenoids only	16	29	20	—
Enlarged Tonsils & Adenoids	4	2	1	—
Other Conditions	31	31	10	1
Enlarged Cervical Glands ... (non-Tuberculous)	1	10	7	4
DEFECTIVE SPEECH....	—	17	—	—
TEETH.				
Dental Diseases	—	1769	—	—
HEART & CIRCULATION.				
Heart Disease:—				
Organic	1	22	1	1
Functional	1	42	3	2
Anæmia	12	17	2	—
LUNGS.				
Bronchitis	9	41	3	1
Other non-Tuberculous Disease	6	63	1	—
TUBERCULOSIS.				
Pulmonary:—				
Definite	4	3	2	—
Suspected	1	1	2	3
Non-Pulmonary:—				
Glands	3	3	1	—
Spine	—	—	—	—
Hip	1	—	—	—
Other Bones and Joints	2	—	1	—
Skin	—	—	—	—
Other Forms	—	1	—	—
NERVOUS SYSTEM.				
Epilepsy	3	1	—	—
Chorea	2	4	—	1
Other Conditions	2	15	1	1
DEFORMITIES.				
Rickets	1	268	1	—
Spinal Curvature	6	11	1	—
Other Forms	4	17	1	1
OTHER DEFECTS AND DISEASES	46	58	60	43
CUTS AND MINOR INJURIES	1	—	15	2

TABLE II.

B.—Number of Individual Children FOUND at ROUTINE MEDICAL INSPECTIONS to REQUIRE TREATMENT. (Excluding Uncleanliness and Dental Diseases).

GROUPS.

CODE GROUP	NUMBER OF CHILDREN Inspected	NUMBER OF CHILDREN Found to require Treatment	Percentage of Children found to require Treatment
Entrants	662	120	18.1
Intermediates	625	174	27.8
Leavers	718	188	26.2
Total (Code Groups)	2005	482	24
Other Routine Inspections ...	63	27	42.9

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys	Girls	Total
BLIND (including partially blind). (a) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	1		1
	Attending Public Elementary Schools.			
	At other Institutions.			
	At no School or Institution.			
(b) Suitable for training in a School or Class for the partially blind.	Attending certified Schools or Classes for the Blind.			
	Attending Public Elementary Schools	1	1	2
	At other Institutions.			
	At no School or Institution...	1	1	2
DEAF (including deaf and dumb and partially deaf). (a) Suitable for training in a School or Class for the totally deaf, or deaf and dumb.	Attending Certified Schools or Classes for the Deaf.			
	Attending Public Elementary Schools	1		1
	At other Institutions.			
	At no School or Institution.			
(b) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf.			
	Attending Public Elementary Schools.			
	At other Institutions.			
	At no School or Institution.			

TABLE III—*Continued*

MENTALLY DEFECTIVE. (a) Feeble-minded (cases not notified to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	1		1
	Attending Public Elementary Schools	20	13	33
	At other Institutions.			
	At no School or Institution ...	1	6	7
(b) Notified to the Local Control Authority during the year.	Feeble-minded	1		1
	Imbeciles.			
	Idiots.			
EPILEPTICS. (a) Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics.			
	In Institutions other than Certified Special Schools.			
	Attending Public Elementary Schools.			
	At no School or Institution ...	3	3	6
(b) Suffering from epilepsy which is not severe.	Attending Public Elementary Schools.		1	1
	At no School or Institution.			
PHYSICALLY DEFECTIVE. (a) Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry or the Board		1	1
	At other Institutions.			
	At no School or Institution ...	14	8	22
(b) Non-infectious, but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.			
	At Certified Residential Open-Air Schools.			
	At Certified Day Open-Air Schools.			
	At Public Elementary Schools	19	9	28
	At other Institutions.			
	At no School or Institution ...	9	6	15
(c) Delicate children (e.g., pre-or- latent tuberculosis, malnutrition, debility anæmia, etc.)	At Certified Residential Open-Air Schools.			
	At Certified Day Open-Air Schools.			
	At Public Elementary Schools	17	25	42
	At other Institutions		2	2
	At no School or Institution ...	1	7	8
(d) Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or Board.			
	At Public Elementary Schools	2	1	3
	At other Institutions	1		1
	At no School or Institution ...	2	2	4
(e) Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools.			
	At Certified Residential Cripple Schools.			
	At Certified Day Cripple Schools.			
	At Public Elementary Schools	14	13	27
	At other Institutions.			
	At no School or Institution ...	10	18	28

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER.

GROUP I.—MINOR AILMENTS

(excluding Uncleanliness, for which see Group 5).

Disease or Defects	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme	Other-wise	Total
SKIN—			
Ringworm—Scalp	5	9	14
Ringworm—Body	3	—	3
Scabies	2	5	7
Impetigo	19	—	19
Other Skin Disease ...	30	—	30
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group 2)...	30	1	31
MINOR EAR DEFECTS ...	114	—	114
MISCELLANEOUS— (e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)	32	—	32
Total	233	15	248

GROUP 2.—DEFECTIVE VISION AND SQUINT

(excluding Minor Eye Defects treated as Minor Ailments.—Group 1).

DEFECT OR DISEASE	NUMBER OF DEFECTS DEALT WITH			
	Under the Authority's Scheme	Submitted to Refraction by Private Practitioner or at hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction Including Squint). (Operations for Squint should be recorded separately in the body of Report)	80	9	3	92
Other Defect or Disease of the eyes (excluding those reported in Group 1)	—	—	—	—
Total	80	9	3	92

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme 71

(b) Otherwise 12

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme 57

(b) Otherwise 12

TABLE IV.

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Received Operative Treatment			Received other forms of Treatment	Total Number Treated
Under the Authority's Scheme in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	TOTAL		
49	7	56	18	74

GROUP 5.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses ...	4
(2) Total number of examinations of children in the schools by the School Nurses	9153
(3) Number of individual children found unclean	1181
(4) Number of children cleansed under arrangements made by the Local Education Authority	Nil.
(5) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921 ...	Nil.
(b) Under the School Attendance Byelaws	2

TABLE IV.

GROUP 4.—DENTAL DEFECTS.

1. Number of Children who were

(a) Inspected by the Dentist:—

	Aged.	
Routine Age Groups	5	
	6	388
	7	358
	8	402
	9	447
	10	
	11	
	12	
	13	
	14	

Specials (see Note d.) Nil. Total ... 1595

(b) Found to require treatment		1362
(c) Actually treated		871
(d) Re-treated during the year as the result of periodical examination		Nil.
2. Half-days devoted to:—		
Inspection	21	
Treatment	166	
Total		187
3. Attendances made by children for treatment		1769
4. Fillings:—		
Permanent Teeth	1044	
Temporary Teeth	184	
Total		1228
5. Extractions:—		
Permanent Teeth	93	
Temporary Teeth	2165	
Total		2258
6. Administrations of General Anæsthetics for extractions		32
7. Other Operations:—		
Permanent Teeth	85	
Temporary Teeth	168	
Total		253

GLOSSARY.

ADENOIDS.

A soft growth occurring at the back of the nose and upper part of the throat which interferes with proper breathing. Held by many to be caused by the use of a "dummy" in infancy.

ANÆMIA.

Poorness of the blood. Characterised by pallor and shortness of breath.

ASTIGMATISM.

A defective condition of the lens of the eye where the curvature is different in the horizontal and vertical directions. It is corrected by cylindrical glasses.

BINET AND SIMON TESTS.

A series of mental exercises arranged in groups according to age. The first group can be answered by normal children of three, and the last by normal children of 14.

BLEPHARITIS.

A disease of the eyelids, characterised by crusts on the edges of the lids.

DEFECTIVE VISION. Explanation of Table.

6/6/ normal vision. The child is able to distinguish letters of a certain size at six metres distance.

6/9. The child can only distinguish letters at six metres which he should be able to read at nine metres, and so on.

6/60. The child can read at six meters what he should be able to distinguish at 60.

1 metre—39 inches [about]).

EPILEPSY.

A serious disease of the nervous system characterised by spasmodic movements and unconsciousness.

HYPERMETROPIA.

A defect of vision due to eyeball being shorter than the normal. Should in most cases be corrected by convex glasses.

IMPETIGO.

Also called contagious eczema. A skin disease, characterised by sores which form crusts, and which tends to spread.

INFANTILE PARALYSIS.

A disease of certain cells in the spinal cord which occurs usually during the earlier years of life, and results in deficiency of growth of one or more limbs.

MENTAL DEFICIENCY.

A stage of mental development between the dull and backward child and the imbecile. A child over nine, whose mental condition is that of a normal child three or more years younger, is said to be a mental deficient, (Vide Binet & Simon).

MYOPIA.

A defect of vision due to the eyeball being longer than normal. Corrected by concave glasses. "Short sight."

OTITIS MEDIA.

Middle ear disease. A sequel of scarlet fever, and also caused by adenoids. "Running ear."

PEDICULI.

Lice, either of head or body.

RICKETS.

A common disease due to improper feeding in infancy. Causes permanent changes in the bones of the skull, chest, etc.

RINGWORM.

A parasitic disease of the skin of the scalp and other parts of the body. Ringworm of the scalp is highly contagious.

SCABIES.

A parisitic skin disease due to the Acaris Scabiei. The Itch. It is highly contagious, but amenable to treatment, but if neglected tends to become chronic and septic.

UTICARIA.

An irritable skin disease. Nettlerash.

INDEX.

Adenoids ... ... 24—36—59
Ages of Examination 16
Attendance Officers — Co-operation with 50
Attendances at Clinic ... ... 33—34
Bathing 48

Chicken Pox 45
Clinic—Attendance at ... ... 33—34
Clothing and Footgear... 18
Continuation Schools 51
Crippling Defects... 28

Deafness 28
Defects found at Medical Inspections 53
Defective Vision ... ... 26—34—58
Dental Defects ... ... 28—59
Dental Service 40
Dental Service—Summary of 41
Dentist's Report 42
Diphtheria 43

Ear Disease 27
Education Committee 2
Employment of Children 51
Exceptional Children ... ... 51—55
Eye Disease—External 26

Glossary 60

Health Services—Co-ordination of ... 15
Heating of Schools 10
Heights and Weights 29

Infectious Disease—Control of 43
Infectious Disease — Incidence of Minor 46
Inspection—Routine Medical ... ... 15—53—55

Juvenile Employment 51

Lavatory Accommodation in Schools 11

Malnutrition 18
Meals—Provision of... 47
Measles 45
Mental Deficiency 28
Minor Ailments ... ... 24—57
Mumps 46

Nursery Schools 51
Nurses—Duties of School 37
Nurses—Treatment by ... ... 38—39

Open-Air Education 47

Parents—Co-operation of 48
Physical Training 47

Re-Examinations 32
Refraction—Errors of 34
Report—General 3
Ringworm ... ... 25—36

Sanitary Condition of Schools ... ... 8—11—12
Scarlet Fever 44
Secondary Schools 51
Skin Disease 25
Special Cases 31
Squint ... ... 26—58
Staff—School Medical 2
Statistical Tables 53
Swimming 48

Traders—Co-operation of 49
Throat and Nose—Defects of 59
Tonsils—Enlarged ... ... 24—36—59
Treatment 32
Tuberculosis 24

Uncleanliness ... ... 19—59

Vaccination 30
Vision Testing 27
Voluntary Societies — Co-operation of 50

Weights and Heights 29
Whooping Cough 45